

Transcript Request Form

Adult & Graduate Studies

I hereby give the Southern Wesleyan University Office of Admission permission to contact and request official transcripts from all secondary and post secondary schools I have attended. This information will only be used to complete my application to Southern Wesleyan University.

Full Name _____ Maiden/Surname _____

Current Address _____

City _____ State _____ Zip _____

Phone (1) _____ Phone (2) _____ Birth Date _____

eMail _____ Social Security Number _____

Student Signature _____ Date _____

Please send my official transcript to the following address:

Office of Admissions
Southern Wesleyan University
P.O. Box 1020, SWU Box 1928
Central, SC 29630