

St Michaels Christian University

6124 NW 19th Court - Margate, FL 33063 Tel: (800) 420-3698 - Email: info@stmichaelscu.org

Use this form to request your transcript be sent to St. Michaels Christian University

1. Educational Institution Attended

Name of Institution:					
	State/Province:_				
2. St. Michaels Christia	n University				
Name of Institution:					
Address:					
	State/Province:_				
3. Student Information					
Name:					
Maiden Name (If Applicat	ole)				
Address:		_City:	State:	Zip:	
Years Attended [.] Ri	rthdav Sc	ocial Security	/ # (Last 4 Digits Only	/)	

TO THE APPLICANT: No College credit can be awarded for courses you have completed through other institutions of higher learning by St. Michaels Christian University without an official sealed transcript from said institution(s). Send a copy of this form to each college you have attended to obtain your official sealed transcript. Transcripts should be sent directly to your St. Michaels Christian University campus. Most colleges charge a small fee for transcripts, so a check for the fee amount should accompany your request. Request your transcripts as soon as possible, as St. Michaels Christian University needs your official transcript within 60 days of your application. If you have not attended college and do not have a copy of your high school diploma, complete a copy of this form and send it to your high school guidance office.