

Undergraduate Application for Admission Request for High School Transcript



- Print and fill out the form.
- Be sure to sign the form, in ink. Note: **We must have your signature.**
- Return it by mail, fax (610-225-5601) or as a scanned email attachment. See contact information at the bottom of the page.

Name _____ Age _____
Last First Middle

Current address _____
Street

_____ City St Zip

Name used when attending school _____
Last First Middle

Date of Birth (mo/day/year) _____ Graduation (mo/yr) _____

Name of school _____

Location of school _____
City St

Dates attended school From _____ To _____

Did you Graduate? ☐ yes ☐ no Summer School? ☐ yes ☐ no Night School? ☐ yes ☐ no

Primary Phone () _____ Other Phone () _____

Email _____ Social Security Number _____

Based on the above information, please order my transcript to be sent to Eastern University

Signature _____ **Date** _____

Sign, date and return to one of the contacts below. **Note: We must have your signature**

To the Registrar of the School: Official transcript must include seal, signature, and date. Please send by...

mail: Eastern University
CCGPS Admissions
1300 Eagle Rd
St Davids, PA 19087-3696

or an **electronic copy** by email: gpsadm@eastern.edu