



TRANSCRIPT REQUEST

Please note that this transcript request form is not to be mailed directly to APSU. You must send this to each university or college you attended in order to request a transcript to be submitted to us. Forms submitted directly to APSU will be discarded.

Institution: _____

Address: _____

I am an applicant to the College of Graduate Studies at Austin Peay State University. My admission is contingent upon receipt of this transcript. Please send one official transcript of my record to:

Graduate Admissions
Austin Peay State University
P. O. Box 4458
Clarksville, TN 37044-4458

_____ In addition, please send me a copy of my transcript at the address below.
(Only if checked)

If there is a charge, please bill me at this address:

Student's Name _____

Maiden Name _____

Date of Birth _____

Social Security # _____

Current Address _____

Dates Attended _____

Signature

Date

Austin Peay State University is an equal opportunity employer committed to the education of a non-racially identifiable student body.