Request for Official Transcript

Applicant Information

Please Print

_____ ____ _____ _____ _____

Social Security Number Date of Birth *Dates attended this institution*

_____ _____ _____

Last Name *First Name* *MI*

_____

Current Address

_____ _____ _____

City *State* *Zip Code*

Previous Name

_____ _____ _____

Last Name *First Name* *MI*

A check for $_____ is enclosed to cover transcript fees.

Return this form along with official transcripts to:

Admissions Office
Center for Urban Biblical Ministry
7418 Penn Avenue
Pittsburgh, PA 15208
Fax: 412-731-4834

Phone: 412-247-9010 or toll free 866-949-2826