

Application for Admission

REQUEST FOR HIGH SCHOOL OR GED® TRANSCRIPT



- Print the form.
- Be sure to sign the form, in ink, after you print it. **Note: We must have your signature.**
- Return it by mail (see address at the bottom of the page), fax (610-225-5601), or as a scanned email attachment (gpsadm@eastern.edu)

Personal Information

Please print clearly

Name _____ Age _____
Last First Middle

Current Address _____

_____ City State Zip Country

Primary Phone _____ Email _____
 Home Cell

Social Security Number _____ Date of Birth _____

Graduation (mo/yr) _____ GED Date (mo/yr) _____

Name used when attending this school _____ Date of Birth _____

School Name _____ School Location _____
City State

Dates Attended From _____ To _____

Did you graduate? Yes No Summer School? Yes No Night School? Yes No

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

Applicant's 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 to: Eastern University
Graduate and Professional Studies Admissions
1300 Eagle Road
St. Davids, PA 19087-3696

Or an electronic copy to: gpsadm@eastern.edu