



Transcript Request Form

To The Student: Please forward this form to each of the schools, colleges, or universities that you have previously attended. Where necessary, you may photocopy this form. Please note some institutions charge a fee for this service.

To The Registrar: This student is applying for admission to Cherub College. Please enclose this form along with an official transcript of the applicant's record, addressed to Cherub College. Please seal the envelope; date, sign, stamp, and place your seal on the back flap and send to the college via the address provided below or return to the applicant.

- Be sure to include instructions on how to interpret the transcript and an explanation of your grading system.
- If the transcript is not in English, please include an English translation.
- If for any reason you cannot comply with this request, please indicate why to Cherub College and the applicant.

PLEASE MAIL TO: Cherub College
Office of Admissions
P.O. Box SP-64063
New Providence
Nassau, the Bahamas

ELECTRONIC TRANSCRIPTS: registrar@cherubcollege.edu.bs

PLEASE PRINT LEGIBLY

Legal Name: _____
Last First Middle Maiden

Gender: Male Female **Date of Birth:** ____/____/____
Day Month Year **Citizenship:** _____

Date of Enrolment: _____ **Programme Studied:** _____

Address: _____

Registered Name at Institution: _____ **Date of Graduation:** _____

TO THE REGISTRAR:

I authorize the release of my academic transcript to be sent to the Office of Admissions at Cherub College.

Student Signature

Date