



**SOUTHWESTERN**  
ADVENTIST UNIVERSITY

**Student:**

Fill out this form and give to your school registrar.

**Registrar:**

Please send an official transcript of my academic record including GPA and graduation date if applicable to:

*Office of Admissions  
Southwestern Adventist University  
PO Box 567  
Keene, Texas 76059*

**Note for High School Registrars:**

Southwestern Adventist University grants admission on six semesters. Please include a copy of immunization records.

**TRANSCRIPT REQUEST**  
for Admission to Southwestern Adventist University

# I AM REQUESTING

NAME OF STUDENT please print clearly \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ SCHOOL ID NUMBER \_\_\_\_\_

NAME OF SCHOOL/COLLEGE/UNIVERSITY \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**100 W. Hillcrest Street · Keene, Texas 76059 · (800) 433-2240 · FAX (817) 202-6753 · [www.swau.edu](http://www.swau.edu)**