California Baptist University

CERTIFIED TRUE COPY - TRANSCRIPT REQUEST

For Applicants to the School of Nursing

Office of the Registrar
8432 Magnolia Avenue
Riverside, CA 92504
Phone (951) 343-4566
Fax (951) 343-4903
Yeager Center B161

All applicants to the School of Nursing should submit a "Certified True Copy – Transcript Request" with his/her School of Nursing application packet. The purpose of this request is to authorize the Office of the Registrar to provide a certified true copy of all official transcripts and test scores received by CBU to the School of Nursing as part of the application process.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle:_____

Student ID#:_____ Social Security #: _____-____-_____ LancerMail:_____@calbaptist.edu

Street: _____

City:_____ State: _____ Zip Code: _____

CBU Campus Box#: _____ Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Have you been accepted to California Baptist University?*: Yes/No (Circle)
*Requests will be held by the School of Nursing until acceptance to California Baptist University is confirmed.

COLLEGES/UNIVERSITIES ATTENDED

Official Transcripts from all previously attended colleges/universities and SAT/ACT scores should be sent directly to the Office of Enrollment Services. Official transcripts must show all prerequisite courses that are in-progress at the time of application to CBU. Once in-progress prerequisites are completed, official transcripts must be resent with the final grade recorded. Please list all previously attended colleges and universities and SAT/ACT test below.

Institution(s) Attended	**Semester/Quarter(s) Attended**

Test(s) Completed	**Test Dates (Month/Year)**

Student Agreement*: I have provided current official transcripts for all previously attended colleges/universities and test scores to CBU. I am requesting a certified true copy of all received official transcripts and test scores be provided to the School of Nursing. I further understand it is my responsibility to confirm CBU has received all current official transcripts.*

Student Signature:_____ *Date*: _____

FOR OFFICE USE ONLY

Received Date: ____/____/____ Request Completed Date (Initials/Date): _____

Additional Comments:_____

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