



Graduate Admissions
TRANSCRIPT REQUEST FORM

Student: Mail this form to your institution. (If you have attended APSU or are currently graduating from APSU, please do not request your transcripts to be sent to graduate admissions.)

Name of Institution ** _____

**Note: Print name of institution previously attended

I am an applicant to the College of Graduate Studies at Austin Peay State University.

Please send one official transcripts of my record to:

Austin Peay State University
Graduate Admissions
P.O. Box 4458
Clarksville, TN 37044

_____ In addition, please send me a copy of my transcript at the address below
(Only if checked).

Student's name: _____
First M.I. Last Preferred Name

Maiden name: _____

Date of birth: _____

Telephone number: (_____) _____

Current address _____
Street/P.O. Box City State ZIP Code

Signature: _____ Date: _____

A fee may be required before the institution mails us your transcripts. Please call the institution to verify this or any associated requirements.