

PLEASE RETURN THIS COPY WITH THE TRANSCRIPT.

TO THE FOLLOWING COLLEGE/HIGH SCHOOL:

To Whom it May Concern:

I have applied for admission to Walters State Community College for the _____ Semester, 20 _____
Please mail an official copy of my academic transcript to:

DEPARTMENT OF ADMISSIONS AND REGISTRATION SERVICES
WALTERS STATE COMMUNITY COLLEGE
500 SOUTH DAVY CROCKETT PARKWAY
MORRISTOWN, TN 37813-6899
FAX #: 423-585-6786

If I have taken the COMPASS Examination at your college/university, please send a copy of the scores with my transcript.

My last period of attendance at your school was _____ Graduate Yes _____
(term and year) No _____

My Social Security Number is _____ - _____ - _____

My date of birth is _____ (Month) _____ (Day) _____ (Year)

(Last Name) (First Name) (Middle Name) (Maiden Name)

If there is a charge for this service, please bill me at the address indicated below:

(Street or Rural Route)

(City, State, and Zip Code)

(Signature)

(Date Mailed)

Please ensure that the high school graduation date and, if applicable, the type of diploma are clearly marked on the transcript.

If you have sent this transcript to Walters State in the past three weeks, please disregard this notice. If this student is still enrolled in high school and has entered Walters State as an advanced studies student, please do NOT send the transcript until the student has graduated. If this transcript is being sent as a part of application for scholarships, please clearly mark the transcript accordingly.