



Registrar's Office

TRANSCRIPT ORDER FORM

Fill in completely. Mail or fax to Prairie Bible College, Registrar's Office, Box 4000, Three Hills AB, Canada T0M 2N0. Fax:(403) 443-3006. Questions? Call (403) 443-3044 or e-mail transcript@prairie.edu.

NOTE: Transcript fee is \$10 per copy (payable with request); faxing fee is an additional \$10 for each fax (payable with request). Express Post or Courier will have additional fees. Transcripts must be requested by the student, not by a relative or friend. Usual processing time: three days. Transcripts will be sent only if the student's financial account is clear. We do not email transcripts. Fee for course descriptions: \$3/course, \$20/year. Fee for syllabi: \$5/course.

If you ask another institution about transfer credits from PBC, would you fill out our online survey? It takes less than five minutes, and you'll help us build a database that will provide information for alumni and help us focus our efforts to improve transfer opportunities. Go to http://www.prairie.edu/registrar.

PERSONAL INFORMATION:

Student or Former Student of: [] Bible College [] School of Mission Aviation [] Grad School [] Distance Ed [] College of Applied Arts & Tech (You may also need to request your transcript from BVC or PMA)

Name: _____ Student ID# (optional) _____

Your signature (required) and date: _____

Former Name(s) (if applicable) _____ Date of Birth (mm/dd/yyyy) _____

Years of attendance: _____ - _____ Degree/diploma/certificate obtained: _____

Current address: _____

Email Address: _____

Phone: _____ FAX: _____

[] Please send to me ___copy/ies to the address/number above. [] by mail* [] separate/sealed envelopes* [] by fax* *Will be stamped 'Issued to Student'

[] I do not need a copy sent to me but please send to the institution(s) listed below.

SEND TRANSCRIPT: [] ASAP [] Hold for final grades [] Hold for Graduation Notation

TRANSCRIPTS TO BE SENT TO:

Name 1: _____

Address _____

No. of copies: _____

[] Please fax FAX no.: _____

Name 2: _____

Address: _____

No. of copies: _____

[] Please fax FAX no.: _____

Cost: \$10 per copy, \$10 per fax Method of payment: [] Visa (not Visa Debit) [] MasterCard [] Cheque Card Number _____ Expiry Date _____ Name on Card _____ Amount: _____

For Office Use Only

Date Rec'd: _____ Transcript Mailed/Faxed: _____ Pymt Rec'd: _____

Acct Clear: _____ H.S. Transcript: _____