

Home School Official Transcript

Complete and Return this form to:

Evangel University
Admissions Department
1111 N. Glenstone Avenue
Springfield, MO 65802
Fax- (417) 865-9599

Student's Full Name _____ Graduation: ____/____/____
Address _____ Social Security: ____-____-____
City, State, Zip Code _____ Birthdate: ____/____/____
Total Credits Earned: _____ Cumulative GPA: _____

Year ____/____	1 st Semester ""grade earned	2 nd Semester grade earned
Courses - Grade 9		
Course 1 _____	_____	_____
Course 2 _____	_____	_____
Course 3 _____	_____	_____
Course 4 _____	_____	_____
Course 5 _____	_____	_____
Course 6 _____	_____	_____
Course 7 _____	_____	_____

Year ____/____	1 st Semester ""grade earned	2 nd Semester grade earned
Courses - Grade 10		
Course 1 _____	_____	_____
Course 2 _____	_____	_____
Course 3 _____	_____	_____
Course 4 _____	_____	_____
Course 5 _____	_____	_____
Course 6 _____	_____	_____
Course 7 _____	_____	_____

Year ____/____	1 st Semester ""grade earned	2 nd Semester grade earned
Courses - Grade 11		
Course 1 _____	_____	_____
Course 2 _____	_____	_____
Course 3 _____	_____	_____
Course 4 _____	_____	_____
Course 5 _____	_____	_____
Course 6 _____	_____	_____
Course 7 _____	_____	_____

Year ____/____	1 st Semester ""grade earned	2 nd Semester grade earned
Courses - Grade 12		
Course 1 _____	_____	_____
Course 2 _____	_____	_____
Course 3 _____	_____	_____
Course 4 _____	_____	_____
Course 5 _____	_____	_____
Course 6 _____	_____	_____
Course 7 _____	_____	_____

Signature: _____

Title: _____ Date ____/____/____