QUEST BIBLE INSTITUTE TRANSCRIPT REQUEST

Please type, or print using ball point pen, YOUR LEGAL NAME (no nicknames, please).			
1.	Last	First Mid	ddle
		□ Male□ Female	
	Preferr	ed Name:	_
2.	Indicate	e interest to which you are applying:	
		Ministerial Diploma (Designed as 1yr program with 2 classe class/term)	es/term or 2 yrs with 1
		Lay Biblical Counseling Certificate (Designed as 1 yr program yrs. with 1 class/term)	n with 2 classes/term or 3
		Advanced Theological Studies (Designed as 2 yr program wi with 1 class/term)	th 2 classes/term or 3 yrs
3.	Date yo	ou wish to enter Quest Bible Institute	
		Fall (September)	
		Spring (January) (year)	
Student's Signature Date:			

To the applicant: Please complete and submit this form to your high school and/or college guidance/Registrar's office. Quest Bible Institute Admissions Office must receive an official transcript from all secondary and post-secondary schools that you have attended. This Transcript Request Form may be copied.

To the Guidance Registrar's Office: Please forward an official transcript of completed coursework, for the student named above to:

Quest Bible Institute

Office of Admissions

11975 Highway 142N

Oxford, Georgia 30054

A faxed (770-786-1652) transcript will be accepted for initial review; however, an official copy must arrive via regular mail by Registration Day.

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