



# MOREHOUSE COLLEGE

*OFFICE OF RECORDS & REGISTRATION*

830 Westview Drive, SW  
Atlanta, GA 30314-3773

## Academic Advisement Transcript Request

*(Please Print)*

**Student's Name:** \_\_\_\_\_

**Classification:**  Freshman  Sophomore  Junior  Senior

**Student's Social Security Number:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Advisor's Telephone #:** \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_ **Dept.:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Advisor's Signature and department are required to process this form.**

**Transcript will be mailed to advisor with in one day after request is made except during registration, final grade reporting periods and graduation.**