

TRANSCRIPT REQUEST FORM

To: The Registrar of BGST
50 Kallang Pudding Road
#07-01 Golden Wheel Industrial Building
Singapore 349326

Please forward the Transcript of:

Name: _____ Student I.D. _____

Address: _____

To: _____

I graduated / last attended BGST in _____.
Semester / Year

Print Name & Sign

Date

*Charges: The transcript is charged at \$10 per transcript (local); \$15 per transcript (overseas).
Crossed cheque should be made payable to "BGST".*

Amount paid: \$ _____ Received by: _____ Date: _____

Transcript prepared by: _____ Date: _____

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BIBLICAL GRADUATE SCHOOL OF THEOLOGY

50 Kallang Pudding Road, #07-01 Golden Wheel Industrial Building, Singapore 349326

Tel: 6227 6815 Fax: 6743 6847 Email: inquiry@bgst.edu.sg

Website: www.bgst.edu.sg

To: The Registrar

From: BGST Admin Office

Re: Academic Transcript of _____

Dear Sir,

The abovementioned has requested us to forward the transcript to you. Thank you.

Encl.