



HUSSIAN
COLLEGE

TRANSCRIPT REQUEST FORM

Request from:

Student Name _____

Student # (if applicable) _____ Year of Graduation _____

Current High School or College _____

Address _____

City _____ State _____ Zip Code _____

I have applied to Hussian College for the upcoming semester, please forward my transcript to complete my application to; admissions@hussiancollege.edu, or by fax via 215.574.9800 or by mail to

Hussian College
Attn: Admissions Office
The Bourse, Suite #300
111 S. Independence Mall East
Philadelphia, PA 19106

Signature (Required)

Date



HUSSIAN
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