

INDIANA WESLEYAN UNIVERSITY

TRANSCRIPT REQUEST FORM

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Process after Semester Grades (Y/N) _____ Process after Degree posted (Y/N) _____

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Please send your completed form to the circled area below.

Wesley Seminary
bev.rainey@indwes.edu

IWU-National & Global
REL-Programs@indwes.edu

IWU-Marion
megan.christensen@indwes.edu

Signature Required For Transcript Request To Be Processed

Signature: _____ Date: _____

Name: The Wesleyan Church/Education and Clergy Development

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City: Fishers State: IN Zip Code: 46037

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