



Cornerstone Christian University

Admission Application Check List

Student: First Name _____ Last Name _____

SSN _____ / _____ / _____ State Issued ID: _____

Follow this Checklist to guide you through the steps to make sure that your admission is completed in a timely manner. As you complete each item, check it off the list and if you have any questions concerning any required step, please contact Admissions at (407) 295-4869. An admission Advisor will be more than happy to assist you. Once done checking all the boxes, send the complete package to: Cornerstone Christian University, P. O. 585477, and Orlando, Florida 32858

New Students only:

1. I have submitted my Application for Admission and the nonrefundable application fee of \$50.00
2. I have requested two recommendations to be sent to admissions
3. I have requested my Official transcript (s) from High School, Colleges, and universities to be sent to Admissions.
4. I have submitted one Passport size Photo (1) for ID purposes
5. I have included a copy of my state issued ID
6. I have signed the Privacy Right
7. I have sent my letter of Intent or autobiographical (master and doctorate student only)
8. I have read and signed my Student Contract, which covers my FINANCIAL Payment agreement. This is a promise that I will make my monthly payment if I granted the loan to pay for my school.
9. I have completed the suggested scholarship application and attached the required essay
10. I chose the payment plan option: This option allows me to pay 10-15% down as initial payment and divide the balance into a number of monthly payments based on my budget. I receive no discount available and no interest but a late charge fee of \$25.00 will be applied.

Please after completing this form, sign and date it and mail or fax it to Admissions promptly.

Student signature: _____ Date: _____



"Illuminate the world with the Word of God"

Application for Admission

INSTRUCTION: To speed up the process of your admission, complete the application, and mail it to CCU along with your application fee. The Application fee is \$50.00 and is not refundable. A copy of your transcripts can be sent along with the application but the registrar's office must receive an official transcript before your admission process can be completed. A passport photo is required. You may also complete your application online at <http://www.ccul.com>

DEMOGRAPHIC DATA

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Alternative Address _____

Date of Birth: _____ Sex: [] Male [] Female Last 4-digits of your SSN: _____

Home phone _____ Work Phone _____

Fax _____ Cell _____

Email _____ URL _____

Race: [] Black [] White [] Hispanic [] Asian [] Other _____ Marital Status: [] Single [] Married [] Separated [] Divorced. Spouse's First Name: _____ Last Name _____

CHRISTIAN DATA (for information only)

Enter the date of conversion: _____ Enter your denomination _____

Church Membership _____ Emergency Contact Person

Name _____ Phone _____ Relationship _____

Are you a: [] Pastor [] Associate [] Bible School Teacher [] Lay Person [] Other _____

Is the above position: [] Full-time [] Part-time [] Volunteer [] Are you Licensed or [] Are you ordained ?

[] Yes [] No If yes give date _____

EDUCATIONAL DATA

[] High School Graduate? [] G.E.D? Where did you earn your HS or G.E.D? _____ When? _____

[] Bachelor [] Masters [] Doctorate. List all schools attended since high school with earned hours and degrees:

Please send a copy of your transcript with the application or ask your schools to send an official transcript to CCU.

Please provide the following personal information:

Employer Information: Organization _____ Job Title _____

Job Description _____

Address _____ City _____

State _____ Zip Code _____ Province _____ Country _____

Which program do you wish to enroll in?

Non-Degree Study Diploma will be enrolled under the Institute Branch (Cornerstone Institute)	<input type="checkbox"/> Bachelors 120-Credits
<input type="checkbox"/> Practical Theology Diploma (30crs)	<input type="checkbox"/> Masters 48-78-Credits
<input type="checkbox"/> Advanced Theology Diploma (30crs)	<input type="checkbox"/> Master of Divinity 90 Credits
<input type="checkbox"/> Graduate Theological (30crs)	<input type="checkbox"/> Doctor of Divinity 160
<input type="checkbox"/> Executive Theology Diploma (30crs)	<input type="checkbox"/> Doctorate Degree 48-78 credits
<input type="checkbox"/> Associates 60-Credits	<input type="checkbox"/> Doctor of Philosophy (Ph.D.) 64 -94 credits
	<input type="checkbox"/> Post-Doctorate (studies done after the doctorate or the PHD)

Choose a concentration major of your choice:	This area is optional. If you are interested in a minor or a double major, choose one below (discuss your option with your advisor) :
<input type="checkbox"/> Biblical Studies	<input type="checkbox"/> Biblical Studies
<input type="checkbox"/> Creation Science in Apologetics	<input type="checkbox"/> Creation Science in Apologetics
<input type="checkbox"/> Christian Education /Religious Education	<input type="checkbox"/> Christian Education
<input type="checkbox"/> Christian Psychology/counseling	<input type="checkbox"/> Christian Psychology/counseling
<input type="checkbox"/> Christian Business management	<input type="checkbox"/> Christian Business management
<input type="checkbox"/> Christian Business Administration	<input type="checkbox"/> Christian Business Administration
<input type="checkbox"/> Christian Community Development	<input type="checkbox"/> Community Development
<input type="checkbox"/> Divinity Studies	<input type="checkbox"/> Divinity Studies
<input type="checkbox"/> Christian Information System	<input type="checkbox"/> Christian Information System
<input type="checkbox"/> Christian Social Works	<input type="checkbox"/> Christian Social Works
<input type="checkbox"/> Early Christian Childhood Education	<input type="checkbox"/> Early Childhood Education
<input type="checkbox"/> Missiology or Anthology	<input type="checkbox"/> Missiology
<input type="checkbox"/> Pastoral Ministry	<input type="checkbox"/> Ministry
<input type="checkbox"/> Christian Non Profit Management CNM	<input type="checkbox"/> Non Profit Management CMBA
<input type="checkbox"/> Pastoral Counseling	<input type="checkbox"/> Pastoral Counseling
<input type="checkbox"/> Pastoral Leadership	<input type="checkbox"/> Pastoral Leadership
<input type="checkbox"/> Systematic Theology	<input type="checkbox"/> Systematic Theology
<input type="checkbox"/> Theology	<input type="checkbox"/> Theology
<input type="checkbox"/> Music (theory and practicum)	<input type="checkbox"/> Music (theory and practicum)

Refund Policy

Tuition is refunded in full within three (3) business days after the signed agreement, except the application and other fees. Should a student decide to drop out or leave for military duties, the student must do so in writing. Upon receiving the written request, tuition will be refunded on a prorated scale based on the number of days lapsed passed the three days mark. All materials obtained from Cornerstone Christian University must be returned as they were received.

Disclaimer

CCU is not a Title 4 school. Therefore, students are not eligible for Federal funding. Since CCU is not a Title 4, Title 4 may not accept credits from CCU. Consequently, CCU makes no guarantee of the acceptance of CCU credits to other institutions except those accredited through the same or similar types of Accreditation Agencies as CCU and of Florida Counsel for Private Colleges and Seminaries. Transfer of credits from CCU to other institutions of learning are solely up to the discretion and desire of the institution where the student is applying. If you plan to transfer to another institution, it is your responsibility as a students to inquire whether or not the educational institution into which you plan to transfer concerning the transferability of credits received through any another institution, including CCU in advance of enrolment. Our tuition is extremely low compare to most other institution of secular nature, which may be a major reason for not accepted credit from CCU. You can earn your degree based on quality education from CCU without being bankrupt or owe the government your life.

Agreement

I hereby certify that all information provided herein to Cornerstone Christian University is true and accurate to the best of my knowledge. I have discussed all my admission process and responsibilities with an Admission Advisor and understand the regulations governing Cornerstone Christian University. I fully agree with the policies and standards of Cornerstone Christian University and am willing to uphold them and live by them if I am accepted as a student at Cornerstone Christian University. I further acknowledge that no other representations or promises have been made to me in writing, electronically, orally, implied or explicit, other than what was discussed and agreed during the meeting. I further understand that degrees offered by Cornerstone are strictly biblically based in nature and may not be accepted in the secular sector, especially the government regulated sectors.

Certification

CCU uses and base its teaching solely on the Holy Bible, which the Word of God. I understand and accept that regardless of my doctrinal beliefs (if any), I must accept the Bible as the sole authority for my class. I agree to display at all times the highest level of professionalism and responsibilities as a student of this institution and maintain a level of integrity that is beyond reproach.



Signature of Applicant _____

Phone: 07-295-4869

Date of Agreement _____

Fax: 1-866-768-8699

ACADEMIC RECOMMENDATION FORM

Applicant's Name: _____ **Phone:** _____

Address: _____ **City/State/Zip:** _____

Email: _____

To Applicant: Please give this form to a credentialed minister who has known you for at least three years

I hereby waive my right to inspect and review this recommendation. However, I understand that I am not obligated to sign this waiver under the terms of the Family Educational Rights and Privacy Act of 1974 as amended.

Applicant's Signature: _____ **Date:** _____

THIS PART TO BE COMPLETED BY THE PERSON SUBMITTING THE RECOMMENDATION:

The above named person has applied for admission to the Cornerstone Christian University. Before we can make our decision concerning the applicant, we will need you, a credentialed minister, to complete this form. Please rate the applicant on each qualification below and, if you can, give concrete data to support your observation. Note that students are permitted access to the ministerial recommendation within their file unless the above waiver is signed. Since the applicant cannot be accepted until all recommendations have been received and evaluated, we will appreciate a prompt reply. Please return this form to the Enrollment Office (see address on reverse below to send this form). Thank you for your gracious help.

Full name of the Student: _____

How long have you known this individual? Less than 3 years Less than 5 years Less than 10 years 10 years or more.

What is your relationship with this individual? Colleague Pastor Professor Supervisor Coworker
 Other _____

Please check on each line the term which best applies.

1. **Teachability:** __ Repeated Encouragement __ Slow but retains well __ Learns readily __ Superior
2. **Dependability:** __ not dependable __ Needs supervision __ usually reliable __ thoroughly dependable
3. **Judgment:** __ Unable to make decisions __ makes snap judgments __ uses good common sense __ Demonstrates superior judgment
4. **Initiative:** __ Needs constant supervision __ Relies somewhat upon others __ ably carries through assignments __ anticipates needs; is resourceful
5. **Accuracy:** __ Too many errors __ somewhat accurate __ Satisfactory __ High degree of accuracy
6. **Quality of work:** __ Careless __ Acceptable but needs improvement __ entirely satisfactory __ Outstanding
7. **Quantity of work:** __ has to be prodded __ Acceptable but needs improvement __ is a good __ Is an unusually producer rapid worker
8. **Attitude toward studies:** __ Definitely uninterested __ Rather matter-of-fact __ Industrious __ enthusiastically interested
9. **Attitude toward fellow students:** __ Reluctant to cooperate __ Makes little contribution __ Gets along well __ Helps others
10. **Attitude toward teachers:** __ Difficult to handle __ somewhat unresponsive __ generally cooperative __ usually helpful & cooperative
11. **Handles abstract concepts** __ Superior __ Above Average __ Average __ Below __ Average Poor __ Do Not Know
12. **Handles academic work load** __ Superior __ Above Average __ Average __ Below __ Average Poor __ Do Not Know
13. **Writing skills** __ Superior __ Above Average __ Average __ Below __ Average Poor __ Do Not Know
14. **Study habits** __ Superior __ Above Average __ Average __ Below __ Average Poor __ Do Not Know

Have you found the applicant consistently honest? Yes No. If not, please comment. (If you do not have sufficient space, please use another sheet of paper.) _____

Would you hire this person as a member of your staff? Yes No

Please briefly explain: _____

Please summarize your total impression of this person as a prospective graduate student. In one word or short phrase, describe a major strength of this person. _____

What is this person's potential for success in his/her ministry or career? What is the one thing this person most needs to work on in order to achieve this potential? _____

Based on the applicant's potential for ministry or career, would you recommend this applicant to be a scholarship recipient? Yes No

Briefly explain. _____

What major challenges does this person face in the next three years? _____

How do you recommend this applicant for admission to CCU?

with enthusiasm with some confidence with reservation do not recommend

Please Comment: _____

Your name: _____ Date: _____

Your Occupation: _____ Phone# (____) _____ best time to call _____

We do check all references. I hereby certify that the above recommendation is true and honest to the best of my knowledge.

Signature

Date

PLEASE RETURN THIS FORM TO:
Cornerstone Christian University
Office • P.O. 545877 ORLANDO, FL 32858



Phone: 07-295-4869

Fax: 1-866-768-8699

Web site: www.ccul.com

Email: myadmissions@ccudl.com

ACADEMIC RECOMMENDATION FORM

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Address: _____ **City/State/Zip:** _____

Email: _____

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Please check on each line the term which best applies.

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Would you hire this person as a member of your staff? Yes No

Please briefly explain: _____

Please summarize your total impression of this person as a prospective graduate student. In one word or short phrase, describe a major strength of this person. _____

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Based on the applicant's potential for ministry or career, would you recommend this applicant to be a scholarship recipient? Yes No

Briefly explain. _____

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How do you recommend this applicant for admission to CCU?

with enthusiasm with some confidence with reservation do not recommend

Please Comment: _____

Your name: _____ Date: _____

Your Occupation: _____ Phone# (____) _____ best time to call _____

We do check all references. I hereby certify that the above recommendation is true and honest to the best of my knowledge.

Signature

Date

PLEASE RETURN THIS FORM TO:
Cornerstone Christian University
Office • P.O. 545877 ORLANDO, FL 32858



Student Enrollment, financial Agreement and Promissory to pay

www.ccul.com

myadmissions@ccudl.com

This form serves the following purposes:

1. Assures that you understand your payment amount
2. Assures that your tuition will not increase even when an increase of tuition is in effect
3. Assures that CCU reserved the right to collect any owed tuitions and fees legally
4. Assures that you will make your payment on time and a late fee of late will be added to the late amount.
5. Assures that CCU reserved the right to hold, grades, transcript, degree, or any other pertinent documents until all financial obligations are met.

Program Major _____ Application and Registration Fee _____ (non-refundable)

Tuition: A. Tuition

- Associates \$195 x _____ credits = \$ _____ Scholarship amount \$ _____
- Bachelors \$195 x _____ credits = \$ _____ Scholarship amount \$ _____
- Masters \$248 x _____ credits = \$ _____ Scholarship amount \$ _____
- Master of Divinity \$248.00 x _____ credits = \$ _____ Scholarship amount \$ _____
- Doctoral \$348 x _____ credits = \$ _____ Scholarship amount \$ _____
- PHD \$348 x _____ credits = \$ _____ Scholarship amount \$ _____
- Transferred credits _____

Minor Program: _____

- B. Minor Fee: \$ _____ x _____ credits = \$ _____
- C. Scholarship amount \$ _____ Net Tuition _____

Fees (D –F) not included in the above tuition*

- D. Technology Fees: _____
- E. Reinstatement Fee: _____
- F. Student ID _____

Total Tuition & Fees:

- (A+B+C+D+E+F) \$ _____
- Initial Payment: \$ _____ Monthly Scheduled Payment : \$ _____ Due Date _____
- Late Fee Amount: \$25.00 (This fee applied automatically after the due date by the accounting system)

***The following are separated from the cost per credit tuition. These fees are added to become part of the total tuition.**

- Student ID: \$30.00 per year Technology Fee: \$250.00 per year (A.A-BA)
- Technology Fee: \$300.00 per year (MA) Technology Fee: \$400.00 per year (DOC)

These fees assessed at time when they become due

- Master Thesis Review Fee: \$400.00 Master of Divinity Review Fee: \$450.00
- Dissertation Review Fee: \$750.00 Graduation Fee: \$180.00 (covers degree and 10 invitation)
- Cap and Gown rental or purchase: Assessed at time of graduation Dissertation binding cost: Varied (Contact your Advisor)

Payment Option for online or distant students

By mail: When your monthly statement arrives, simply include your check, money order or credit card information and mail your payment in the enclosed postage-paid envelope by the due date indicated on your statement.

In addition to checks and money orders, CCU also accepts Visa®, MasterCard®, American Express® and Discover®. Whether you wish to pay by mail, phone or online, the choice is yours.

Card# _____ Exp. Date ____/____/____ CID# on back of Card (last 3 or 4 numbers _____)

Amount to be charged \$ _____ .00 Make this amount recurrent monthly On the 1st of each month, 20____ or on the 15th of each month, 20____

I hereby authorized Cornerstone Christian University or Cornerstone University of Florida to charge my credit card or withdraw from my checking account the above amount. I understand my credit card statement will reflect Cornerstone University of Florida-the parent school of CCU.

My Signature certifies that I am the holder of this credit card listed above and I accept my responsibility listed above as signed.

Student Signature

Date

REFUND POLICY

[] Tuition is refunded in full within three (3) business days after the signed agreement, except the application and plus 25% administrative fee if the student attended 25% (one week) of the class. Refunds will be paid within thirty-days. Once a class has gone beyond the 25% or the first week, no refund will be granted. Should a student decide to drop out or leave for military duties, the student must do so in writing. All materials obtained from Cornerstone Christian University must be returned as they were received prior to issuing of any refund.

Note: Information presented here replaces all other and previously distributed tuition and subject to change without notice.

Attestation

A. Each payment must be paid in full when due. If a payment is missed the university is under no obligation to renegotiate this agreement with this debt. If enrollment is voided, the remaining unpaid fees will be adjusted in accordance with applicable university policies.

B. Previously paid installments will not be refunded as a result of the student's withdrawal from the university unless it is determined that extenuating circumstances warrant such action based on the university refund policy.

C. I, the undersigned hereby and agrees to be bound by all the terms and conditions set forth in the Tuition Payment Disclosure Statement. Upon opening my account, I have also received a copy and read the Disclosure Statement. I understand this is a non-refundable amount and can only be used on the CCU Campus.

D. Any financial assistance, scholarships or stipends received after the signing of this agreement shall be applied against the student's outstanding charges. The university also reserves the right to apply any wages or other sums owed to the student against this debt at any time, without regard to the repayment dates.

E. The university reserves the right to accelerate the terms of this agreement and demand payment of the entire obligation in the event of insolvency, if bankruptcy proceedings are instituted against the signee/student or if the student violates the university's rules of conduct.

F. I agree to pay any charges incurred after signing this agreement in accordance with the provisions of this agreement.

G. By signing, I hereby request the portion of any financial assistance received from private donors that exceeds the charges for the current term be applied toward the prior balance with the university.

I hereby acknowledge responsibility for the amount listed above by signing below. The basis for these charges has been fully explained to me and I understand I will be held liable for this debt according to the terms of this agreement. I agree to pay these charges in full by the terms specified in this agreement.

STUDENT NAME: _____

Program: Major/Minor _____

Student Signature _____ Date _____

APPROVED BY: _____ as Admissions Advisor

Cornerstone Christian University

PRIVACY RIGHTS OF STUDENTS

Values the privacy of each student's information

STATUTE 20, United States Code, Section 1232g and regulations adopted pursuant thereto, hereafter, referred to as the Code, requires that each student be notified of the rights accorded him or her by the Code. The following is provided as basic general information relative to the Code:

The Code provided for the institution to establish a category of student information termed –directory information. When available in college records, any information falling in the category of –directory information will be available to all persons on request, i.e., the IRS, FBI, or other government agencies and for use in CCU publications. CCU has identified the following as directory information:

All other information, such as health and medical records, disciplinary records, records of personal counselling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the college as have responsibility for working with the student. Such information will not be released to second parties.

Except as required for use by the president in the discharge of his official responsibilities as prescribed by laws, regulations of the state board, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

Note to student: When completing your application to this university, you are required to indicate by your signature that you were notified of your rights as recorded by Statute 20, United States Code, Section 1232g. In the event you were not so notified, or if you did not complete and sign such an application, please notify your campus director that you may do so.

- | | |
|--------------------------|--------------------------------------|
| 1. Name | 7. Church Membership |
| 2. Address | 8. Denominational Affiliation |
| 3. Telephone Listing | 9. Dates of Attendance |
| 4. Race | 10. Degrees & Awards Received |
| 5. Date & Place of Birth | 11. Most Recent Previous Educational |
| 6. Major Field of Study | 12. Agency Institution |

CUF NON-DISCRIMINATION POLICY

Cornerstone Christian University does not discriminate on the basis of race, color, nationality, ethnic origin, or male or female, handicap or any person with disability. We guarantee the rights and privileges and the availability of all programs and activities to all students at the University.

[] My signature below certifies that I have read, understood, and acknowledged the above document as my right and the biblical value of the university.

Name: _____ Signature _____ Date _____

Transcript request form



TO THE APPLICANT: It is your responsibility to provide Cornerstone Christian University with a copy of your high school or college transcript from all previous colleges attended. It is imperative that you send for your transcript as soon as possible to insure prompt completion of your application process. Please fill out the form below and mail to each institution that you attended. Please note that most colleges and universities charge a fee for this service. It may be a good idea to contact the school first, to find out their exact fee and attach a check for the exact amount to each request.

To:

Name of Principal or Registrar

Name of High School or College

Street Address or PO Box

City, State and Zip Code

REQUEST FOR TRANSCRIPT

Please send a copy of my transcript to:

**Cornerstone Christian University
P. O. Box 585477
Orlando, Florida 32858**

FROM:

Student Name

Student Maiden Name (if applicable)

Social Security Number

Years Attended

Present Address

City, State and Zip Code

Student's Signature

Date of request

..... **Cut Here**

Transcript request form



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