
TRANSFER CREDIT REQUEST

Trinity Evangelical Divinity School and Trinity Graduate School



Trinity International University

University Records:

2065 Half Day Road; Deerfield, IL 60015

Fax (847) 317-8107

TEDS/TGS Records Contact Information:

Phone - (847)317-8050

E-mail: teds-tgsrec@tiu.edu

Name: _____ ID#: _____

ADDRESS:

Street, Apt#: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Trinity Program pursued: _____

School transcript to be evaluated: _____

Degree completed? Yes _____ No _____

CHECK ONE:

_____ Official transcript currently in my file for this/these course(s)

_____ Sealed Official transcript will be sent to the Records Office

_____ Sealed Official transcript attached

List specific courses to be evaluated: _____

PLEASE ATTACH COURSE DESCRIPTIONS FOR EACH COURSE LISTED

Signature: _____

Date: _____