

REQUEST FOR STUDENT INFORMATION

	Please give your full name and mailing address. Print legibly, this label will be used for mailing.
	Fax#: (972) 613-7598
Instructions: Use this form to request a copy of your student fina Amberton transcript, degree plan or transfer of credit report. Fill mailing address, signature, and a phone number where you can be legibly so we may respond to your request without delay. AUID/SSN	out the form completely with your name, AUID or SSN,
Fax # (if applicable)	
Please send the following information:	
Student Financial StatementTransfer of Credit ReportUnofficial Copy of TranscriptUnofficial Grade Report (Indicate Session and Year) Degree Plan	
If requesting a Degree Plan, please check the desired:	
Undergraduate () BA Professional Development (14) () BS Applied St () BBA General Business (31) () BS Human Re () BBA Management (32) () BBA Management Accounting (33) () BBA Project Management (36)	tudies (34) elations and Business (35)
Graduate () MA Marriage & Family Therapy (48) () MA Professional Counseling (53) () MA School Counseling (51) () MA Professional Development (17) () MBA International Business () MBA Management (43) () MBA Project Management (43) () MBA Strategic Leadersh () MS Agile Project Management (43)	Ness (38) () MS Family Studies with a specialization in Christian Counseling (55) ent (39) () MS Human Relations & Business (11) hip (44) () MS Human Resource Training & Dev (46)
ADDITIONAL DEGREE CHOICES FOR FORMER AMBERTON STUDE "discontinued/replaced" degrees must (1) have been in attendance and en must complete all degree requirements by the dates specified below for earlier date, the student must select a degree from the list above.	nrolled for the degree prior to the Summer 2017 session, and, (2)
() MA Professional Counseling (23) [48 hour program complet	ted prior to June 1, 2020]
XStudent's Signature	