



Mississippi College

A CHRISTIAN UNIVERSITY

Application for CEU Transcripts and Reissued Certificates

Name: _____

Social Security Number: _____

Address: _____

Daytime phone: _____ Evening Phone: _____

Form Requested (please check the box that applies)

Transcript (all CEU's earned after June 1, 2000)

Copy of Certificate:

Class name: _____

Class date: _____

Provider: _____

Return to:

CEU's
Office of Continuing Education
Box 4031
Clinton, MS 39058

***Please enclose \$15.00 for each transcript or certificate requested. We cannot process your request without payment.**