

INTER-AMERICAN ADVENTIST THEOLOGICAL SEMINARY



Admissions and Record Office
P.O. Box 830518, Miami, FL 33283-0518

**ACKNOWLEDGEMENT OF PREVIOUS TRANSCRIPT (S) TO BE SENT TO THE IATS
FORM-7**

I, _____ acknowledge that I have read and understood the instructions in this package concerning my transcript from my previous schools or universities and, therefore am aware that I must ask all the relevant ones to send my official academic transcript directly to my coordinator or to the Seminary's Admissions and Record Office:

Inter-American Adventist Theological Seminary
Admissions and Record Office
8100 SW 117 Ave
Miami, FL 33183

I am conscious of the fact that if said transcripts are not received on time I will not be allowed to start taking any classes.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____