



**BEULAH HEIGHTS
UNIVERSITY**

892 Berne Street, SE
Atlanta, GA 303016

Academic Services Request

Submit all academic services requests to the Registrar's Office in the Administration Building or by email to registrar@beulah.edu

Name: _____ Student ID: _____ Date: _____

- | | |
|---|---|
| <input type="checkbox"/> Enrollment Verification Letter | <input type="checkbox"/> Class Schedule |
| <input type="checkbox"/> Graduation Information | <input type="checkbox"/> Grade Report- Semester/Year _____ |
| <input type="checkbox"/> In School deferment (Please submit form) | <input type="checkbox"/> Change of Address: Complete below |

Other: _____

Please check delivery method:

Please mail

I will pick up

Previous Address:

New Address:

New Phone number: _____

****Please allow 2- 3 business days for above services. Thank You!**