

TO THE STUDENT:

After completing the top portion, give this form to your counselor and ask that it be returned to the Office of Admission along with an official copy of your final secondary-school transcript. If the form and transcript are not submitted promptly, your ability to register for classes may be hindered .

Social Security number (requested) - - High school _____

Full legal name _____
LAST OR FAMILY FIRST MIDDLE SUFFIX (III, JR)

TO THE COUNSELOR:

As soon as your school's academic year has ended, please complete this form in its entirety and send it, along with an official copy of the student's final transcript, to the Office of Admission at the address listed above. Thank you in advance for your help.

1. Please check one:

- The student named above was graduated from our school on - - .
MONTH DAY YEAR
- The student named above was not graduated from our school.

2. The student's final cumulative grade point average, based on a 4.0 scale: _____.

PLEASE NOTE: State law requires that we report the final grade point average, based on a 4.0 scale, for every student we enroll. If your school does not calculate grade point average, or if you use a different method, please estimate or convert the student's final average to a 4.0 scale.

3. The student's final rank: _____ in a class of _____ students.

If your school does not calculate final rank in class, we would appreciate your estimating the student's final rank: top _____ percent.

4. Name of counselor completing this report (please print) _____

5. If counselor will be unavailable this summer, name of other school official we should contact _____

6. Office or school telephone _____

7. Office or school fax _____

8. E-mail (if available) _____