



TRANSCRIPT REQUEST FORM

Transfer students do not need to complete this form.

STUDENT INFORMATION

Student: Please complete the Student Information section below, then submit this form to the Counseling Office of your high school.

Last Name _____ First _____ Middle _____

Home Address _____

Phone Number _____ Parent or Guardian _____

High School attended _____

SCHOOL INFORMATION

Counselor: This student is applying for admission to Roberts Wesleyan College. We would appreciate your assistance in forwarding a copy of his/her official transcript. Please attach school profile if available.

School Name _____ School Phone _____

School Address _____

Counselor's Last Name _____ First _____

Student Withdrew Was/Will be Graduated Month _____ Year _____

Please inform us if there are any positive/negative factors that might affect the applicant's success at Roberts Wesleyan College.

Grade Point Average _____ Based on _____ semesters Class Rank _____ / _____ Based on _____ semesters
Scale used _____
