

Guidance Counselor: Please attach this candidate's official transcript, including courses in progress, along with a transcript legend, if necessary. Please provide the information below and sign the bottom of the form.

Class rank in a class of, covering a time from to
This rank is weighted unweighted

Cumulative GPA in a class of, covering a time from to
This rank is weighted unweighted

High School Graduation Date.....

Counselors Name.....

Position.....

School Name.....

School Address.....

.....

School Phone Number

Secondary School CEEB/ACT code

Signature of Counselor.....

Thank you!