



RANDOLPH-MACON
C O L L E G E

High School Transcript Request

Freshman

Application for Admission

To the APPLICANT:

After filling in the information below, please give this form and the envelope marked "Transcript Enclosed" to your guidance counselor ASAP. Your application isn't complete until we have this form and your transcript. The sooner we receive them, the sooner you'll get an admission decision.

Name _____

Address _____

Number, Street, Apt. # _____

City or Town _____

State/Province _____

ZIP/Postal Code _____

Country _____

To the GUIDANCE COUNSELOR:

Randolph-Macon promises an admission decision by January 1 for Early Action applicants and by April 1 for regular decision applicants. To help us keep this promise, please complete this evaluation and send us an **official transcript, SAT or ACT scores, a list of the student's senior year classes and a letter of recommendation** (from any school official).

Graduation date ____ / ____ / ____ Class rank _____ in a class of _____, covering a period from _____ to _____ .
(mo/yr) (mo/yr)

The rank is weighted unweighted. How many students share this rank? _____ .

If a precise rank is not available, please indicate rank to the nearest tenth from the top: _____ .

Cumulative GPA _____ on a _____ scale, covering a period from _____ to _____ .
(mo/yr) (mo/yr)

The GPA is weighted unweighted. Percentage of graduating class attending: four year _____ two year _____ institutions.

In comparison to other college students at our school, the applicant's course selection is:

most demanding very demanding demanding average less than demanding.

Please remember to attach the following documents:

Transcript SAT/ACT Score(s) Recommendations School Profile

Counselor's Name _____

Signature _____

Position _____

School _____

School Address _____

Date _____

Counselor's Phone () _____

Counselor's Fax () _____

High School CEEB/ACT Code _____

Counselor's Email _____

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