High School Transcript Request and Evaluation Sheet

I. Student
1. Complete all of Part I. 2. Sign your name below. 3. Submit this form to your high school guidance office authorizing the release of your academic record and test scores for grades 9 through 12.

Name Last/First/M.I. (Former Name)

Year Graduated/Expect to Graduate

Street Address City State ZIP

II. School Counselor
1. Complete all of Part II. 2. Sign your name below. 3. Attach transcript. 4. Mail both to: Office of Admissions, Delaware State University, 1200 North DuPont Highway, Dover, DE 19901-2277

High School Name H.S. CEEB Code No. Date of Graduation M/Y

Please list below all other high schools attended.

Name/Location From To

Name/Location From To

Applicant's scholastic index of grade-point average is:

<table>
<thead>
<tr>
<th>Class rank</th>
<th>In a class of</th>
<th>As of this date M/Y</th>
<th>SAT Critical Reading</th>
<th>SAT Math</th>
<th>SAT Written</th>
<th>Test Date M/Y</th>
<th>Index</th>
<th>Grade-point</th>
<th>Let. Avg.</th>
</tr>
</thead>
</table>

State below the grade range applicable to each mark given by your school.

Mark A B C D F

Range

Program: Please check the appropriate course of study for this applicant.

☐ Academic College Prep  ☐ Vocational/Technical  ☐ Arts  ☐ Business  ☐ General  ☐ Special Education/Remedial

☐ Other (specify)____________________________________

Check if you wish to be contacted by the University ☐

In your opinion, is the applicant: Yes No Not observed
Sufficiently mature to enter college? ☐ ☐ ☐
Motivated for college? ☐ ☐ ☐
Of sound moral character? ☐ ☐ ☐
Has the applicant ever been disciplined in school or the community for serious misconduct? ☐ Yes ☐ No
Do you recommend this student for admission into DSU? ☐ Yes ☐ No

Comments:_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Signature
The information requested on this sheet is to be used in the evaluation of the Application for Undergraduate Admission submitted by:

Signature of Student Date

Signature of Principal/School Counselor Officer Position Date