



## TRANSCRIPT REQUEST

**Applicant's Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Please submit this form to your high school guidance counselor's office.**

The above named student has applied for admission to Dordt University. We ask that you send this completed request along with the following information to us:

- A copy of the student's **official** transcript showing high school credit earned (including Grade 9)
- An explanation of your grading policies and/or scale that is used for grading
- Student's rank in class (if applicable) and high school cumulative grade point average at the end of the last completed semester

**Rank** \_\_\_\_\_ **Class Size** \_\_\_\_\_ **High School GPA** \_\_\_\_\_

**School Name** \_\_\_\_\_

**Counselor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send to:

Office of Admissions

Phone: 1-800-343-6738 (option 1)

Dordt University

Fax: 712-722-6035

700 7th St. NE

*\*\* If faxed, the original official transcript must be sent as well.*

Sioux Center, IA 51250-1697