

UNIVERSITY *of* INDIANAPOLIS®

Office of Admissions
1400 East Hanna Avenue
Indianapolis, Indiana 46227

Transcript Request Form

To the Applicant:

Please complete the applicant section of this form, and take it or send it to your high school or college.

To be completed by applicant:

To _____
Name of High School or College

Please send an official copy of my transcript and the information requested below, if applicable, to the University of Indianapolis at the address listed at the bottom of this page.

Name _____ (_____)
Last First M.I. Maiden

Street Address _____

City _____ State _____ Zip Code _____

Date of Graduation _____ Date of Birth _____

Today's Date _____ Social Security Number (optional) _____

Your Signature Signature of Parent or Legal Guardian (if applicant is under 18 years of age)

To Be Completed by High Schools

High School Official: Please answer the questions below if the information is not on the transcript, and attach this form to the official transcript.

1. Anticipated or actual date of graduation _____ GPA: _____ Weighted Unweighted

2. Current or final class rank _____

3. SAT: CR _____ M _____ W _____ Date Taken _____

SAT: CR _____ M _____ W _____ Date Taken _____

4. ACT: E _____ M _____ R _____ SR _____ CO _____ Date Taken _____

ACT: E _____ M _____ R _____ SR _____ CO _____ Date Taken _____

5. This applicant is: recommended for admission.
 recommended with reservation for admission.
 NOT recommended for admission.

6. Is this student a 21st-Century Scholar? Yes No (*Indiana students*)

7. Which diploma is this student working toward? Core 40 Diploma Academic Honors Diploma (*Indiana students*)

Comments _____

Counselor Name _____ Phone _____

Counselor Signature _____ E-mail _____

Mail to: University of Indianapolis, Office of Admissions, 1400 East Hanna Avenue, Indianapolis, Indiana 46227-3697