

STEVENSON

UNIVERSITY

Imagine your future. Design your career.®

Admissions Office

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Web: stevenson.edu/admissions

IM: AdmissionsatSU

FOR OFFICE USE:

App. Pd. _____

App. Wa. _____

ID# _____

PRSP _____

ASUM _____

Secondary School Report and Transcript Request Form for Freshmen

This form is provided for freshman applicants who are current high school seniors. Transfer students **do not** need to complete this form.

TO THE STUDENT: Please complete this section and give the form to your guidance counselor.

Student Name _____
LAST NAME FIRST NAME MIDDLE NAME PREFERRED FIRST NAME

Address _____
NUMBER & STREET

CITY STATE ZIP COUNTY COUNTRY

Date of Birth _____
MONTH DAY YEAR

TO THE COUNSELOR: Please send this form along with the student's official transcript to Stevenson University as soon as possible. Also, please include the student's standardized test scores if they are not currently included in the transcript. **In addition, the Admissions Committee requires at least one letter of recommendation from a counselor and/or teacher for each candidate. By submitting an additional appraisal of the candidate, you will greatly help us reach a decision in his/her best interest. Please submit your appraisal of the candidate along with this form and the student's official transcript.**

Percentage of class attending: Four-Year _____ Two-Year _____ institutions.

Grading Scale: ___ 4.0 ___ 100 ___ Other _____ Passing Grade is _____

Student's GPA Unweighted _____ Weighted _____
(ie: 3.7, 83%, etc) (ie: 4.2, 91%, etc.)

Student ranks _____ in a class of _____ Rank is ___ Unweighted ___ Weighted ___ We do not rank

If your school does not compute exact rank, please provide your best estimate:

___ Top 10% ___ Top 25% ___ Top 50% ___ < 50%

Highest SAT score _____ Highest composite ACT _____
CRITICAL READING MATH WRITING

Is the student's course selection: ___ Most Demanding ___ Demanding ___ Average ___ Below Average

I recommend this student ___ with reservation ___ fairly strongly ___ strongly ___ enthusiastically

Thank you.

Counselor's Name _____ Phone _____
PLEASE PRINT

High School _____ High School CEEB _____

Address _____
STREET CITY STATE ZIP CODE

Office Phone _____ Fax _____

Counselor's Signature _____ Date _____

Note about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, candidates for admission do not have access to their records in the Admissions Office unless and until they enroll at Stevenson University. To assure confidentiality of information within the spirit of the law, the University will destroy this form and any other subjective supplementary statements about this student before his/her matriculation at Stevenson.