

# Request for Official High School Transcript Indiana Wesleyan University

## THIS PART OF THE FORM TO BE COMPLETED BY THE STUDENT BEFORE SUBMITTING TO HIGH SCHOOL

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
NAME OF HIGH SCHOOL ATTENDED		DATES OF ATTENDANCE (Month/Year to Month/Year)	
CITY	STATE	ZIP	PHONE (Please include Area Code)
SOCIAL SECURITY NUMBER	DATE OF BIRTH		

I give my consent to release my transcript to Indiana Wesleyan University.

SIGNATURE	DATE
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## THIS PART OF FORM MUST BE COMPLETED BY THE HIGH SCHOOL OFFICIAL

The student ranks \_\_\_\_\_ in a class of \_\_\_\_\_ at the end of \_\_\_\_\_ on a (check one)  WEIGHTED ranking system.  
1 AS TOP TOTAL ENROLLMENT SEMESTERS  NON-WEIGHTED

His/Her cumulative grade point average is \_\_\_\_\_ (must be based on a 4.0 scale or attach conversion chart).

This student was selected as a National Merit Semifinalist \_\_\_\_\_ Finalist \_\_\_\_\_

### ACADEMIC RATINGS

SAT scores:	V _____	M _____	Total _____	Date Taken _____		
	V _____	M _____	Total _____	Date Taken _____		
ACT scores	E _____	M _____	R _____	SR _____	COMPOSITE _____	Date Taken _____
	E _____	M _____	R _____	SR _____	COMPOSITE _____	Date Taken _____

This student has or is taking these Advanced Placement Courses \_\_\_\_\_

	NAME OF COURSES			
	OUTSTANDING (TOP 10%)	GOOD	AVERAGE	BELOW AVERAGE
MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVE QUALITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLLEGE READINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the above rating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF SCHOOL OFFICIAL	PRINT NAME
TITLE OR POSITION	DATE

**SEND TO**  
 Admissions Office  
 Indiana Wesleyan University  
 4201 South Washington Street  
 Marion, Indiana 46953-4974

**A faxed transcript will be accepted for initial review.  
 However, an official copy must arrive within two weeks.  
 FAX: 765-677-2333**