



# SHENANDOAH UNIVERSITY

## High School Transcript Request and Counselor Recommendation Form for Freshman Applicants

**Note to Guidance Counselor/Principal:** This portion of the application for admission is used exclusively by the Office of Admissions solely for the purpose of admissions. It **will not** become part of the student's permanent record at Shenandoah University. The information requested may be presented on any form considered official to your particular school, provided it carries the appropriate signatures and school seal.

Please release my academic record, rank in class, test record and secondary school recommendation to Shenandoah University's Office of Admissions.

Student's Name, printed: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by high school official (please print)**

Name of High School: \_\_\_\_\_

High School CEEB Code: \_\_\_\_\_

**Student's rank in class:**

Year of Graduation: \_\_\_\_\_

Exact rank in class (if known): \_\_\_\_\_ of \_\_\_\_\_ (# in class)

Upper half of class or  Lower half of class

**Please estimate this student's probability of success in college:**

High  Medium  Low  Prefer not to estimate

**Specific Recommendation:**  Recommended for admission  Do not recommend

Recommended with reservations

**General Comments:**

Please provide any information that may be of value in determining this student's admission to Shenandoah University. You may write on the back of this form if necessary, or attach a separate letter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Printed*

E-mail: \_\_\_\_\_

Please send this form with the official transcript to:  
**Shenandoah University  
Office of Admissions  
1460 University Drive  
Winchester, VA 22601-5195**

**Thank you for assisting this student. Please call the Office of Admissions at (540) 665-4581 or (800) 432-2266 if you have any questions about our application or selection process.**