High School Transcript Request and Counselor Recommendation Form for First-Year 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 admission. 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: _____________________________________

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. Separate attachments are acceptable.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Signature: __________________________________________ Title: ___________________________________________

Name: ____________________________________________ Phone: __________________________________________

Printed Signature: __________________________________________ 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.

Or submit this form as an attachment at Admit@su.edu