



SHENANDOAH[®] UNIVERSITY

Admissions

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

E-mail: _____

Please send this form with the official transcript to:

**Shenandoah University
Office of Admissions**

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

**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.