

TRANSCRIPT REQUEST

Applicant's Name _____

Social Security Number _____

Please submit this form to your high school guidance counselor office.

The above named student has applied for admission to Dordt College. We request that you send this completed request form along with the following information to us:

A copy of the student's **official** transcript showing high school credit earned (including Grade 9)

An explanation of your grading policies and/or scale that is used for grading

Student's rank in class (if applicable) and high school grade point average at the end of last completed semester.

Rank _____ **Class Size** _____ **High School GPA** _____

School Name _____

Counselor's Signature _____ **Date** _____

Please send to:

**Office of Admissions
Dordt College
498 Fourth Avenue NE
Sioux Center, IA 51250-1697**

**Phone: 1-800-343-6738 (option 1)
Fax: 712-722-1967
**If Faxed, the original official transcript
must be sent as well.**