



Transcript Request Form

Tri-State University
1 University Avenue
Angola, IN 46703-1764

Phone: (219) 665-4132 • FAX: (219) 665-4578 • E-mail: admit@alpha.tristate.edu • <http://www.tristate.edu>

**To be completed
only by applicants
currently enrolled
in high school**

Name_____

Address_____

City_____State_____Zip Code_____

Social Security Number_____

I hereby authorize release of my academic records for use by Tri-State University:

Signature_____

Date_____

**To be completed
by school official**

High School Name_____County_____

High School Address_____E-mail_____

High School Phone Number_____School CEEB No._____

1. Applicant presently ranks_____ in a class of _____ at the end of _____ semesters.
2. Applicant's GPA on a 4.0 grading scale _____. (If your school does not use a 4.0 grading scale, please convert the applicant's GPA to what it would be on a 4.0 scale.)
3. Date of graduation _____.

4. Please list below student's senior course schedule or include it on his/her transcript:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Signature_____Date_____

Title_____

**Please return with copy of
Secondary School Transcript and test record.
(see reverse side)**

Please include the following information on the official transcript:

1. Applicant's full name
2. Student's courses by year and grade received
3. Standardized test results
4. School seal, signature of school official and date of signature

Mail this completed form and the high school transcript to the following address:

Director of Admission
Tri-State University
1 University Avenue
Angola, IN 46703-1764

If you wish, use the space provided below for your comments. (You may want to explain an unusual circumstance, make us aware of a special need, or write a recommendation.)

Signature

Title