Davis Degree Program FORM FOR HIGH SCHOOL TRANSCRIPT

Wellesley

To: High School Registrar

The individual listed below is applying for admission to Wellesley College and will need a copy of her high school transcript sent to the College in order to complete her application. Please return this form with the official transcript.

Name				
	First	Middle	Last	
She attended	your school under the name o	f		
Address	et and Number	C	С	
Stree	et and Number	City	State Zip	
Telephone		Date of Birt	Date of Birth	
Name of hig	h school			
Dates of years attended		Graduation	Graduation Date	
Student's signature		Date	Date	
Please return	this form with the official tran	script.		
Send to:	Wellesley College Board of Admission Green Hall/Room 240 106 Central Street Wellesley, MA 02481-820	3		