



Part III

OFFICE OF ADMISSIONS
FROSTBURG STATE UNIVERSITY
101 BRADDOCK ROAD
FROSTBURG, MARYLAND 21532-2303
301.687.4201
FAX: 301.687.7074

Recommendation and Request for Academic Record

Note to Guidance Counselor/Principal: This portion of the application for admission is used exclusively by the Office of Admissions for the purpose of admissions only. It will not become part of the student's permanent record at Frostburg State University. Please type or print.

Transcript Request

Please release the academic record, rank in class, test record and secondary school recommendation to the Frostburg State University Office of Admissions. This information may be presented on any form considered official to your particular school, provided it carries the appropriate signatures and school seal.

Date

Student Name

Name of High School

List senior year classes (or attach copy):

Four horizontal lines for listing senior year classes.

Student's Cumulative GPA:

through semesters

Weighted Unweighted

Grading scale and weighting policies (or attach a school profile):

- A = to
B = to
C = to
D = to
F = to

Student's rank in class:

(check one)

- Top 10%
Top 25%
Top 50%
Lower 50%
We do not rank

OR

Actual rank:

Line for actual rank

Class size:

Line for class size

Estimate of student's success in college:

- Little success
May encounter difficulty
Average
Above Average
Superior
Prefer not to estimate

## Recommendation and Request for Academic Record

(Continued from reverse)

### Comments (Optional):

You may provide any information, either positive or negative, that you think would be of value in determining this student's admission to Frostburg State University. Please include how long and in what capacity you have known the applicant, and any outstanding personal or academic achievements.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Please send this form with the official transcript to:

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