



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): _____

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: _____

Class size: _____

Estimate of student's success in college:

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

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(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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