

TRANSCRIPT REQUEST

Applicant

NAME: First (Given) _____ Middle _____

Last (Family) _____ Suffix _____ Mr. Ms. Dr.

Current Street Address _____

City _____ State/Province _____ Zip Code _____ Country _____

U.S. Social Security Number _____

Name of College/University Attended _____

Dates Attended (mm/yy-mm/yy) _____ Graduation Date (mm/yy) _____

Degree Earned _____ Major _____

Note: If you have attended more than one educational program, make a photocopy of this form for each program.

Registrar

Please complete the information requested below. Please staple the applicant's transcript to this form.

Please mail this form to:
EMTM Office
Penn Engineering
114 Towne Building
220 S. 33rd St.
Philadelphia, PA 19104-6391
215-898-2897, fax 215-898-5466

Applicant's Cumulative Class Rank: _____ out of _____ Rank in class is not calculated

Applicant's Cumulative Grade Point Average: _____

Is this average calculated on a typical 4.0 scale? Yes No

If "No," please indicate scale and explain your college's or university's grading system:

Name (please print or type) _____

Position or Title _____

Street Address _____

City _____ State/Province _____ Zip Code _____ Country _____

Telephone _____

Authorized Signature _____

Note: Colleges and universities located outside of the United States must complete both pages of this form.

Please affix an official seal or stamp below.

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Evaluation of Applicant

To be completed only by institutions outside of the United States

1. Has the applicant ever failed or been required to repeat a course?

Yes No

If "Yes," are failed or repeated courses on the transcript?

Yes No

2. Has the applicant ever been suspended, dismissed, or put on academic probation or warning?

Yes No

If "Yes," please explain:

3. What is the highest grade that can be received?

4. What is the lowest grade that can be received?

5. What is the average grade usually received?

6. Any additional information that would aid our understanding of the transcript will be appreciated.