

# FINAL TRANSCRIPT REPORT

## OFFICE OF UNDERGRADUATE ADMISSION

Perlstein Hall, Room 101  
10 West 33rd Street  
Chicago, IL 60616

## APPLICANT

Complete the section below and give this form to your guidance counselor or registrar.

Full Name \_\_\_\_\_  
FIRST (GIVEN) MIDDLE LAST

Mailing Address \_\_\_\_\_  
CITY STATE ZIP CODE COUNTRY

I have submitted or will submit **Advanced Placement exam scores.** \_\_\_ Yes \_\_\_ No

**International Baccalaureate exam scores.** \_\_\_ Yes \_\_\_ No

Send above scores to Office of Educational Services 101 Main Bldg. 3300 South Federal Street Chicago, IL 60616

I have submitted or will submit **transcripts for any college credit earned.** \_\_\_ Yes \_\_\_ No

Send transcripts to Office of Undergraduate Admission. Address listed above.

## SECONDARY SCHOOL COUNSELOR/REGISTRAR

Please answer the questions below and use this Final Transcript Report to report student's grades for the last term of the current school year. Please return by **August 17th** to the Office of Undergraduate Admission. Before the student matriculates to Illinois Institute of Technology, this form will be removed from the student's file and destroyed.

Official School Name \_\_\_\_\_ CEEB Code \_\_\_\_\_

Mailing Address \_\_\_\_\_  
CITY STATE ZIP CODE COUNTRY

1. The student graduated on (month/day/year) \_\_\_\_\_ and ranked \_\_\_\_\_ of \_\_\_\_\_.
2. Student's final grade point average was \_\_\_\_\_ on a maximum grading scale of \_\_\_\_\_.  
Please check one: \_\_\_ Weighted or \_\_\_ Unweighted
3. Please attach the student's **final transcript**. Please remind student to have AP scores, IB scores or college transcripts sent to the above addresses.
4. If you have noticed anything about the student that will cause you concern about his or her transition to college, or if there are any significant additions or changes to his or her academic, extracurricular or character record, please use the back of this page for your remarks.
5. At this point, I believe the student can be recommended in terms of both academic ability and character.  
Please check one: \_\_\_ Strongly Recommended or \_\_\_ Not Recommended

Name \_\_\_\_\_ Position \_\_\_\_\_

Length of time acquainted with student \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

S \_\_\_\_\_ AD \_\_\_\_\_ BD \_\_\_\_\_