

Final Academic Transcript

VASSAR

To the Candidate:

Please enter your name and the name of your school on the lines below and give this form to your school counselor/college advisor for completion.

Name (*First, Middle, Last*)

Sex

M / F

Pronouns

Date of Birth

Legal Name (*if different from above*)

Preferred Name

Permanent Address

Apt. Number

City

State

ZIP

Country (*if not US*)

School

To the Counselor:

The person named above will attend Vassar College in the fall. The Office of Admission requires an official transcript of the student's four-year academic record. **Please return the student's transcript and this completed form to the Office of Admission as soon as possible, but no later than July 1.** Thank you for your assistance.

This candidate most recently ranks:

Exactly

Approximately

Graduating class size:

Period of rank held from (Month/Year):

to

If precise rank is unavailable, please indicate to the nearest decile or quintile:

This rank is:

Weighted

Not Weighted

How many share this rank?

Check below if not ranked:

Not Ranked

Comments: Please comment on any significant additions to or changes in the candidate's academic, extracurricular, or character record since your previous report and ratings. Use the back of this form if necessary.

The student graduated on:

Date

Signature

School

Title

Please return the student's transcript and this completed form by July 1 to:
Office of Admission, Vassar College, Box 10, 124 Raymond Avenue, Poughkeepsie, NY 12604