Shawnee State University

High School
Transcript Request Form

To the applicant: ***Please fill in your name and give this form to your guidance counselor.***

Student Name: _____
Last First Middle Former Name

This applicant ranks _____ in a class of _____ and has a GPA of _____ on a _____ scale.

This rank is _____ weighted _____unweighted. This GPA is _____ weighted _____unweighted.

Name *(please print)* _____

Signature _____ Date _____

Position _____

High School Name _____

****Please attach an official copy of this student's transcript and test scores and mail or fax to:**

Shawnee State University
Office of Admission
940 Second Street
Portsmouth, OH 45662
740.351.3221
Fax: 740.351.3111
www.shawnee.edu