



# Shawnee State

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## 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/Maiden 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  
Phone: 740.351.3221  
Fax: 740.351.3111  
[www.shawnee.edu](http://www.shawnee.edu)