



OFFICE OF UNDERGRADUATE ADMISSION
TRANSCRIPT REPORT FORM FOR TRANSFER STUDENTS

APPLICANT

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

Name Mr. Ms. _____
FIRST/GIVEN MIDDLE LAST

Mailing Address _____

CITY STATE POSTAL CODE COUNTRY

TRANSCRIPTS

I have submitted or will submit transcripts for all colleges/universities attended. ____ Yes ____ No

Send transcripts to Office of Undergraduate Admission, 10 West 33rd Street, Perlstein 101, Chicago, IL 60616.

UNIVERSITY/COLLEGE REGISTRAR

Please answer the questions/statements below and use this Final Transcript Report to report student's grades for the entire career at your institution. Please return by August 15th 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 POSTAL CODE COUNTRY

1. The student graduated on (mm/dd/yyyy) _____ (if applicable).
2. The student's grade point average was _____ on a maximum grading scale of _____.
3. Please attach the student's final transcript.
4. If you have noticed anything about the student that causes you concern about his or her transition to our institution, 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 ____ Recommended ____ Not Recommended

Name _____ Position _____

Length of time acquainted with student _____

Telephone _____ E-mail _____

Signature _____ Date _____