

SALISBURY UNIVERSITY APPLICATION SECONDARY SCHOOL REPORT

Office of Admissions, 1200 Camden Avenue, Salisbury, Maryland 21801-6862 • 410-543-6161 • toll free at 888-543-0148 • FAX 410-546-6016

The high school transcript and this recommendation are required for freshman applicants and transfer applicants with fewer than 24 transferable semester hours.

Applicant's last name	SU student ID (if known)
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
First name	Date of birth
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/> - <input style="width: 100%; height: 100%;" type="text"/> - <input style="width: 100%; height: 100%;" type="text"/>
Middle name	Social Security number
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/> - <input style="width: 100%; height: 100%;" type="text"/> - <input style="width: 100%; height: 100%;" type="text"/>

To the counselor: We ask that you complete and return this supplement with the applicant's official high school transcript. Note that SAT and ACT scores must be sent officially from the respective testing centers, www.collegeboard.com or www.act.org. Should you have any questions, please call 410-543-6161 (toll free at 888-543-0148).

Grade point average weighted unweighted

Grading system (if not provided on transcript) A = ____ - 100 B = ____ - ____ C = ____ - ____ D = ____ - ____ F = below ____

Class rank = of (class size); other _____; We do not rank

List all senior coursework, unless graduated or provided on transcript.

Additional comments if desired

Highly recommended
 Recommended
 Recommended with reservations
 Not recommended

High school name _____

High school phone _____ ETS Code

 Counselor's Printed Name Counselor's Signature