

Final Academic Transcript

To The Candidate

Please enter your name and the name of your school on the lines below and give this form to your college adviser for completion

Name (Last, First, Middle)	Gender / Pronouns	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Legal Name (if different from above)	Chosen Name		
<input type="text"/>	<input type="text"/>		
Permanent Address (Street)	Apt. Number		
<input type="text"/>	<input type="text"/>		
City	State	Zip	Nation (if not US)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School			
<input type="text"/>			

To The Advisor

The person named above is planning to 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 15.** Thank you for your assistance.

This candidate most recently ranks:	Graduating class size:	Period of rank held from (Month/Year):	
<input type="text"/> <input type="checkbox"/> Exactly <input type="checkbox"/> Approximately	<input type="text"/>	<input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/>
If precise rank unavailable, please indicate to the nearest decile or quintile:	This rank is:	How many share this rank?	Check below if not ranked:
<input type="text"/>	<input type="checkbox"/> Weighted <input type="checkbox"/> Not weighted	<input type="text"/>	<input type="checkbox"/> 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:

School

Title

**Please return the student's transcript and this completed form by July 15 to:
Office of Admission, Vassar College, Box 10, 124 Raymond Avenue, Poughkeepsie, NY 12604**