

# Transcript of Secondary School Credits

Applicant's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street and Number City State Zip No. Area Code Telephone

Entered \_\_\_\_\_ High School \_\_\_\_\_ Date \_\_\_\_\_ Withdrew \_\_\_\_\_

Location \_\_\_\_\_ Will Be Graduated \_\_\_\_\_

Other Secondary Schools Attended \_\_\_\_\_ Was Graduated \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

## SECONDARY SCHOOL RECORD

### SEMESTER MARKS

Additional information clarifying the record at left. If school did not give marks enter an estimate of the applicant's progress in the subject.

	Grade Semester		9th		10th		11th		12th		Units
	1st	2nd	1st	2nd	1st	2nd	1st	2nd			
English											
History											
Mathematics											
Science											
Foreign Language											
Other											
Physical Education											

Total Units \_\_\_\_\_

Name of Test	TEST RECORDS					Basis	MARKING SYSTEM	
	Year Given	Raw Score	Standard Score	%ile			..... equals	
Mental Ability							A	
							B	
							C	
							D	
Reading							Failure	
							Incomplete	
							Withdrawal	
Other							is College	
							recommending	

Applicant ranks \_\_\_\_\_ in a graduating class of \_\_\_\_\_ students.

Probable chance of success at college work:  Doubtful,  Fair,  Good,  Very Good,  Excellent

Comment: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

*(Please have counselor give additional information on back if available)*

# Counselor's Evaluation

(Please express freely any opinion about this applicant—his or her leadership, initiative, personality, emotional stability, dependability, alertness—which you feel would be helpful to us in guiding his work in college.)

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What do you consider as his chief weakness? .....

What characteristics need special development? .....

How long have you known this person? ..... and in what capacity? .....

Encircle the word or phrase which indicates the extent to which you think he is able and willing to do college work.

Not at All                      Doubtfully                      Probably                      Clearly                      Exceptionally

Signed ..... Position .....

Date ..... Address .....

## INSTRUCTIONS TO THE APPLICANT

Mail this portion of your application to the Principal or Superintendent of the last high school you attended or to the one from which you graduated. This form will then be mailed by him directly to the Admissions Office, Ambassador College, 300 West Green Street, Pasadena, Calif., 91105.

Principal or Superintendent:

Kindly send my high school marks and test record scores to Ambassador College, preferably using this form or attaching it to the standard high school form and including the requested additional information.

The (last year I attended was) (year I graduated was) .....

Signed .....  
First Name                      Middle Name                      Last Name                      Birth Date

The Counselor's Evaluation above should be filled out by a school official thoroughly familiar with the applicant.