

# UNIVERSITY *of* INDIANAPOLIS®

Office of Admissions  
1400 East Hanna Avenue  
Indianapolis, Indiana 46227

## Transcript Request Form

### To the Applicant

Please complete the applicant section of this form and take it or send it to your high school or college.

### To be Completed by Applicant

To \_\_\_\_\_  
Name of High School or College

Please send an official copy of my transcript and the information requested below, if applicable, to the University of Indianapolis at the address listed at the bottom of this page.

Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First M.I. Maiden

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian (if applicant is under 18 years of age)*

### To Be Completed by High School Official

High School Official: Please answer the questions below if the information is not on the transcript, and attach this form to the official transcript.

1. Anticipated or actual date of graduation \_\_\_\_\_ GPA \_\_\_\_\_ Gradescale \_\_\_\_\_  Weighted  Unweighted
2. Current or final class rank \_\_\_\_\_
3. SAT: CR \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ Date Taken \_\_\_\_\_  
SAT: CR \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ Date Taken \_\_\_\_\_
4. ACT: E \_\_\_\_\_ M \_\_\_\_\_ R \_\_\_\_\_ SR \_\_\_\_\_ CO \_\_\_\_\_ Date Taken \_\_\_\_\_  
ACT: E \_\_\_\_\_ M \_\_\_\_\_ R \_\_\_\_\_ SR \_\_\_\_\_ CO \_\_\_\_\_ Date Taken \_\_\_\_\_
5. This applicant is:  recommended for admission  recommended with reservation for admission  NOT recommended for admission
6. In comparison with other college preparatory students at your school, the applicant's course selection is:  
 Most demanding  Very demanding  Demanding  Average  Less than demanding
7. Is this student a 21st-Century Scholar? (*Indiana students*)  Yes  No
8. Which diploma is this student working toward? (*Indiana students*)  Core 40 Diploma  Academic Honors Diploma  International Baccalaureate

Comments \_\_\_\_\_

Counselor Name \_\_\_\_\_ Phone \_\_\_\_\_

Counselor Signature \_\_\_\_\_ E-mail \_\_\_\_\_

Mail to: University of Indianapolis, Office of Admissions, 1400 East Hanna Avenue, Indianapolis, IN 46227-3697