



Program Name \_\_\_\_\_

*Only the local portion of the name.***ACADEMIC RECORD FORM**

Participant \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian signature approving this request \_\_\_\_\_

**Academic Extracurriculars (to be filled out by participant):**

The student can list up to 4 Academic Extracurricular activities. These activities must contain a SIGNIFICANT LEARNING COMPONENT--see full explanation in Instructions. Do not include academic awards. Do not include activities in the performing arts (i.e. band, choir, drama, fine arts, etc.). Please write out full name of each activity and do not use acronyms. **\*Explain on back of this form why a particular activity would qualify if you are uncertain.**

\_\_\_\_\_  
\_\_\_\_\_**TO BE COMPLETED BY A SCHOOL OFFICIAL****Provide your grading scale:** (Example: A = 91 - 100; B = 83 - 90, etc.)

A = \_\_\_\_\_ B = \_\_\_\_\_ C = \_\_\_\_\_ D = \_\_\_\_\_ F = \_\_\_\_\_

**Schedule Information:**

Is this student taking (or took previously) the highest available course for their grade level in each subject area below. This is limited to courses available on the school grounds unless it is for Dual Enrollment. Other college courses offered off-site should not be considered.

English ☐ Yes ☐ NoMathematics ☐ Yes ☐ NoSocial Studies ☐ Yes ☐ NoScience ☐ Yes ☐ NoForeign Language ☐ Yes ☐ No**College Courses:**

List any courses the student has taken at the college level. Please check (x) if the student received Dual Enrollment (DE) credit for the course. **\*If student has taken more than four, please list others on back.**

Course \_\_\_\_\_

Course \_\_\_\_\_

College \_\_\_\_\_

College \_\_\_\_\_

Course Grade \_\_\_\_\_ Date \_\_\_\_\_ DE \_\_\_\_\_

Course Grade \_\_\_\_\_ Date \_\_\_\_\_ DE \_\_\_\_\_

Course \_\_\_\_\_

Course \_\_\_\_\_

College \_\_\_\_\_

College \_\_\_\_\_

Course Grade \_\_\_\_\_ Date \_\_\_\_\_ DE \_\_\_\_\_

Course Grade \_\_\_\_\_ Date \_\_\_\_\_ DE \_\_\_\_\_

**Please print or type school information:**

Name of School \_\_\_\_\_

Address \_\_\_\_\_

School Official Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

By signing, you verify that this information on the form is accurate.

**\*\* Submit this form along with the student's Official Transcript and Standardized Test Scores.****Submission method:**☐ Fax ☐ Email**DEADLINE:** \_\_\_\_\_