

Roanoke College
SECONDARY SCHOOL REPORT

Office of Admissions
221 College Lane
Salem, VA 24153-3794
Tel: 540-375-2270
800-388-2276 (Toll-Free)
Fax: 540-375-2267
E-mail: admissions@roanoke.edu
www.roanoke.edu

For Freshman Applicants Only

Applicant
*After completing this top section,
please give this form to your
college counselor/advisor.*

Counselor/Advisor
*This section is to be completed
by the secondary school college
counselor/advisor and returned
to Roanoke College with the
transcript and a school profile
and transcript legend, if available.
Please include a list of the
student's senior year courses and
all grades to date.*

Student's Full Legal Name:

FIRST MIDDLE LAST

Permanent Address:

NUMBER AND STREET CITY STATE ZIP

Please provide class rank or decile.

This student ranks _____ in a class of _____ students. _____ Decile We do not rank.

The rank covers a period from _____ to _____. If a precise rank is not available, please indicate rank to the nearest tenth from the top.

The rank is weighted unweighted.

Of this candidate's graduating class, _____ percent plan to attend a four-year college.

G.P.A. and Grading Scale _____

Has this student registered at any college or university? Yes No

If yes, where _____

Additional Comments (*Attach more pages if necessary.*)

College Counselor's/Advisor's Name:

FIRST MIDDLE LAST

POSITION

SCHOOL NAME

School Address:

NUMBER AND STREET CITY STATE ZIP

OFFICE TELEPHONE E-MAIL