

Roanoke College

SECONDARY SCHOOL REPORT

Office of Admissions
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www.roanoke.edu

For Freshman Applicants Only

COMPLETE THE TOP SECTION OF THE SECONDARY SCHOOL REPORT AND GIVE THE FORM TO YOUR HIGH SCHOOL/COLLEGE COUNSELOR.

APPLICANT

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

HIGH SCHOOL/COLLEGE COUNSELOR

This section is to be completed by the high school/college counselor and returned to Roanoke College with the transcript, including 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 attended college or taken any courses for college credit? Yes No

If yes, where _____

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

High School/College Counselor's Name:

FIRST

MIDDLE

LAST

POSITION

SCHOOL NAME

School Address:

NUMBER AND STREET

CITY

STATE

ZIP

OFFICE TELEPHONE

EMAIL