
APPLICANT Student Name _____ Date _____
Date of Birth (mm/dd/yyyy) _____ / _____ / _____
StandOut Admissions Network Account ID _____

**UNIVERSITY
OFFICIAL**

Please give this form to a University Official (typically a Registrar or Dean with access to both your academic and disciplinary records) to fill out the following two sections

Institution Name _____ CEEB _____
Address _____
Name of Official _____
Title _____
Phone _____ Email Address _____

SUMMARY

Dates Attended (mm/yyyy) _____ to _____
Cumulative GPA _____ Scale _____
Projected Graduation Date (mm/yyyy) _____ / _____
Is this student eligible to return to your institution?
 Yes No

Sign

Date

Please scan and attach this form to your application, or mail it directly to the admissions office of each college or university that requests one.