

HIGH SCHOOL TRANSCRIPT REQUEST

STUDENT APPLICANT

Please complete the information below and give this record release form to your high school counselor or send via Parchment, Naviance, eSCRIP-SAFE or National Clearinghouse to Cornerstone University.

STUDENT'S NAME _____

I hereby consent to the release of my high school records to Cornerstone University.

STUDENT'S SIGNATURE _____ DATE _____

SCHOOL ADMINISTRATOR

The student whose name appears above is requesting the release of his or her high school records to Cornerstone University.

Please complete the requested information, sign the form, attach the entire form to the transcript and mail to:

Undergraduate Admissions Office
Cornerstone University
1001 E Beltline Ave NE
Grand Rapids MI 49525-5897

HIGH SCHOOL NAME _____

HIGH SCHOOL ADDRESS _____
STREET CITY STATE ZIP

PHONE _____

COUNSELOR'S NAME _____ GUIDANCE OFFICE PHONE _____

STUDENT'S CLASS RANK _____ CEEB CODE _____

GPA AND SCALE _____ SEMESTERS COMPLETED _____

For a student's file to be reviewed for acceptance, we also require that test scores be sent to Cornerstone. Test scores can be included on the high school transcript or sent digitally to Cornerstone University. Unofficial transcripts and scores may also be emailed to admissions@cornerstone.edu.

ADMISSION REQUIREMENTS

- 2.5 high school G.P.A.
- 19 ACT
- 1000 New/1350 Old SAT

Please include student's Individualized Education Plan (IEP) if applicable.

The information on this form is verified by:

COUNSELOR'S SIGNATURE _____ DATE _____

RECOMMENDATION TO UNIVERSITY

- Recommended
- Not recommended
- Recommended with reservation
- School policy precludes recommendation

Cornerstone University does not discriminate on the basis of race, national origin, sex, age or disability in its policies and programs.