

HIGH SCHOOL TRANSCRIPT REQUEST



Nyack, New York Campus

One South Boulevard • Nyack, NY 10960-3698

1-800-33-NYACK • Fax 845-358-3047

admissions@nyack.edu • www.nyack.edu

Check here if you are applying to the **Nyack, New York Campus**



New York City Campus

335 Broadway/93 Worth Street • New York, NY 10013-3904

1-877-626-2236 • Fax 212-343-2668

admissions.nyc@nyack.edu • www.nyack.edu

Check here if you are applying to the **New York City Campus**

Student Information please print clearly

Please complete this section and present it to your high school guidance office.

NAME: FIRST, MIDDLE, LAST (MAIDEN) _____

ADDRESS _____

CITY, STATE, ZIP, COUNTRY _____

PHONE _____

E-MAIL ADDRESS _____

Classification: (check all that apply)

- | | | | |
|---------------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> New Freshman | <input type="checkbox"/> Part-time | <input type="checkbox"/> Transfer | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> Re-Admission | <input type="checkbox"/> Resident | <input type="checkbox"/> Commuter | <input type="checkbox"/> Student Athlete |

Enrollment Date:

- Fall 20 _____ Spring 20 _____ Summer 20 _____

Dates attended high school _____
MM/YY - MM/YY

I give permission for my official transcript and other information to be sent to Nyack College.

Student's Signature:

DATE

Guidance Counselor please print clearly

Please give as much of the following information as possible:

- | | |
|--|---|
| <input type="checkbox"/> ACT Composite | <input type="checkbox"/> High School Rank _____ out of _____ |
| <input type="checkbox"/> SAT Verbal | <input type="checkbox"/> Entered into NCAA Initial-Eligibility Clearinghouse? |
| <input type="checkbox"/> SAT Math | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> High School GPA | <input type="checkbox"/> Other tests: _____ |
| | Other tests: _____ |

This student graduated. Date of graduation _____
MM/YY

Guidance Counselor's Signature:

DATE

Please mail this form with the applicant's official transcript to the appropriate address above, attention Office of Admissions.