UNIVERSITY AT ALBANY

State University of New York

FINAL REPORT OF HIGH SCHOOL PREPARATION AND CERTIFICATION OF GRADUATION

Mail to:
Office of Undergraduate Admissions
University at Albany
1400 Washington Avenue
Albany, NY 12222

APPLICANT NAME		
HOME ADDRESS: NUMBER & STREET		
CITY	STATE	ZIP CODE
This form supplements the high school transcript dated:	SOCIAL SECURITY NUMBER	COLLEGE ENTRY DATE

TO THE HIGH SCHOOL

1. The candidate named above has applied for admission to the University at Albany and the information requested below is required to complete his/her high school record.
2. **Please complete this form at the end of this school year and return it promptly to the Office of Undergraduate Admissions at the University at Albany.**
3. Please include in this report:
   (A) All subjects completed in the **senior** year, **including courses ended at mid-year.**
   (B) **Both** school and regents grades.
   (C) **Senior year failing grades.**

List subjects in this column	School grade 12th year		Regents Grade	Number of Units	Examinations
	1st semester	2nd semester			
FAILING GRADES					

The applicant graduated in the class of MONTH YEAR		Final high school average %
The applicant's _____EXACT _____ESTIMATED rank in a _____HETEROGENEOUS _____HOMOGENEOUS class of		student is (highest is 1)
NAME OF SCHOOL		PHONE
LOCATION OF SCHOOL		
SIGNATURE OF AUTHORIZED SCHOOL OFFICIAL	TITLE	DATE