

Cabarrus College of Health Sciences

401 Medical Park Drive • Concord, NC 28025 • 704-403-1556

www.cabarruscollege.edu

admissions@cabarruscollege.edu

REQUEST FOR HIGH SCHOOL TRANSCRIPT AND COUNSELOR'S STATEMENT (FOR CURRENT HIGH SCHOOL STUDENTS ONLY)

APPLICANT: Please complete the top portion of this form. You should take it to your high school Guidance Office along with a self-addressed, stamped envelope addressed to:

*Office of Admissions
Cabarrus College of Health Sciences
401 Medical Park Drive
Concord, NC 28025*

Applicant's Full Name _____ Social Security # _____

_____ Date of Expected Graduation _____

Applicant's Complete Address (Street, City, State and Zip Code)

Complete Name of High School

Complete Mailing Address of High School (Street, City, State and Zip Code)

12th Grade Courses in Progress: _____

COUNSELOR: This form should be mailed along with the Applicant's official high school transcript to the Admissions Office (see address above). Please include:

_____ school's grading scale
_____ student's graduate date
_____ student's rank
_____ class size
_____ student's grade point average (on a 4 point scale)
_____ SAT I and/or ACT scores

Is the above named school accredited? Yes No

Date of most recent accreditation: _____

Name of Accrediting Organization: _____

We notify candidates regarding the status of their application according to the following schedule:

COUNSELOR:

If you have additional information about this student that you believe would be useful to us in making a decision about his/her admission, please write it here or send a separate recommendation with this form. If not, please check the box below.

I have no personal knowledge of this student.

Counselor's Signature and Date

Telephone Number