

Official Transcript Request and School Report

FOR THE STUDENT TO COMPLETE

Apply by November 1, 2015 ☐ Early Action (non-binding) ☐ Early Decision I (binding)	Apply by January 15, 2016 ☐ Regular Decision (non-binding) ☐ Early Decision II (binding)					
Name	MIDDLE	LAST		SUFFIX (JR., III, ETC.)		
				SUFFIX (JR., III, ETC.)		
Mailing Address			APT. #			
CITY	STATE	ZIP/POSTAL CODE	COUNTRY			
Home Phone Number ()_		Social Security Number_				
Gender □ Male □ Female Date of	of Birth/_	/				
List all of your senior-year high school honors, IB, etc. Please indicate wheth FIRST TERM/FIRST TRIMESTER I recognize the confidential nature of	SECOND TERI	ear or partial-year. M/SECOND TRIMESTER	THIRD TRIMESTER			
Student's Signature			-			
Judent's Signature						
FOR THE COLLEGE COUNSELOR						
Counselor's Name			_ Title			
School Name			CEEB Code	<u> </u>		
How long and in what capacity have y	ou known the applic	cant?				
In comparison with other college pre	paratory students at	your school, the applicant's cou	rse selection is:			
Student's overall GPA	on a	scale. Is this a weigh	nted GPA? □Yes □No			
Does your school rank students? □ Y	es □No If yes, thi	s candidate ranks	in a class of			
This rank covers a period from	to	Is this rank a	weighted rank? ☐ Yes ☐ I	No		

Official Transcript Request and School Report (continued)

	integrity. Please fee	I free to subm	it a letter of reco			n the qualities
om your institution? □ Yes □ No			·			ONE OF THE TO
	NOT RECOMMENDED	WITHOUT ENTHUSIASM	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL	STUDENTS I HAV ENCOUNTERED IN MY CAREER
	_					
	_					
chool Address	_					
NUMBER AND STREET	STATE		ZIP/POSTAL CODE	COUNTRY		
NUMBER AND STREET	STATE					
TY Counselor's Phone Number (STATE		ZIP/POSTAL CODE	COUNTRY		
TY Counselor's Phone Number (Counselor's E-mail Address	STATE		ZIP/POSTAL CODE	COUNTRY		
Counselor's Signature	STATE		ZIP/POSTAL CODE	COUNTRY		

Please return this completed form along with the following three items:

- 1) Official high school transcript, including test record
- 2) SAT or ACT test scores
- 3) Letter of recommendation (if submitting)

Mail the materials in the envelope provided by the student to: SMU Undergraduate Admission

PO Box 750181

Dallas, TX 75275-0181

You may also fax these materials to 214-768-5048.

Southern Methodist University (SMU) will not discriminate in any employment practice, education program, education activity, or admissions on the basis of race, color, religion, national origin, sex, age, disability, genetic information, or veteran status. SMU's commitment to equal opportunity includes nondiscrimination on the basis of sexual orientation and gender identity and expression. The Executive Director for Access and Equity/Title IX' Coordinator is designated to handle inquiries regarding the nondiscrimination policies, including the prohibition of sex discrimination under Title IX. The Executive Director/Title IX Coordinator may be reached at the Perkins Administration Building, Room 204, 6425 Boaz Lane, Dallas, TX 75205, 214-768-3601, accessequity@smu.edu. Inquiries regarding the application of Title IX may also be directed to the Assistant Secretary for Civil Rights of the U.S. Department of Education.