STUDENT INFORMATION	ADMII	ADMINISTRATOR INFORMATION			STUDENT DATA		
Name:	Name:	Name: Address:			Grad Date:		
A day oo o	Address				mm/dd/yyyy		
Address:	Audress				Cumulative GPA:		
Date of Birth:	Phone:			Date Printed:			
					mm/dd/yyyy		
	AC	ADEMIC	CRECORD				
Course Title	Credits	Final	Course Title		Credits	Final	
	Earned	Grade			Earned	Grade	
9th Grade	Year		10th Grade			Year	
11th Grade	Ye	ar	12th Grade		Year		
Grading Scale: A = 4.00 A- = 3.67 B+ =	: 3.33 B = 3.00) DB- = 2.67 C	+ = 2.33 C = 2.00 C- = 1.67 D+ =	1.33 D = 1.	00 D- = 0.67 I	F = 0.00	
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ertify that the information included on	this form is c	correct and	complete.				
			Administrator Signat	ure/ Date			
			•				
accordance with Federal regulations, this							
clude a list of all secondary school course nt to The Office of Admissions in one of th							
fice 800 W University Parkway Orem, Uta	_	-					
shoonihad and assaure to before you							
ubscribed and sworn to before me on:							
			Notary Public Signature				
			Printed Name				

State/ Date of Commission Expire