



U.S. Coast Guard Academy

High School Transcript

Director of Admissions (tp)
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Privacy Act Statement. In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the USCG. (1) Authority which authorizes the solicitation of the information: 14 USC 182(a). (2) The Principal Purpose for this information is to ensure that the applicant is basically qualified to apply for the USCGA. (3) Routine uses which may be made of the info: As background info on applicants for the selection process. To contact the applicant. The SSN is a basic identifier. To determine if there are existing USCG records on the individual. In performance of the duties of officials and employees of the USCG, in managing and contributing to the admissions program and appointment of Cadets. (4) Disclosure of the information is voluntary, but the applicant will not be considered further if the information is not provided. Submissions of the Evaluator will not be disclosed to the applicant without consent.

Please provide the information requested in Section 1. On the front of an envelope, print the following four lines of information: (1) Your Name; (2) The last four digits of your SSN; (3) High School Transcript; and (4) U.S. Coast Guard Academy. Provide this form and the envelope to your guidance counselor and request that your transcript and this form be returned to you in the sealed envelope. **This form must be returned to the Admissions Office, along with your other supplemental forms, by March 1st.**

Section 1:

Name: _____ Last Four Digits of SSN: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Section 2: The above student is applying to the U.S. Coast Guard Academy. Please complete this form and attach the following:

- (1) **An official transcript of grades through (at least) the end of the applicant's junior year;**
- (2) **A list of courses in progress, including classes scheduled for the applicant's senior year;**
- (3) **Any known SAT or ACT scores taken without accommodation(s);**
- (4) **A school profile; and**
- (5) **A separate letter of recommendation that discusses how well this student will: 1) Perform in a challenging academic environment; and 2) Demonstrate respect and compassion toward others.**

Please seal all materials and this form in the envelope provided by the applicant. Sign your name over the envelope seal to ensure confidentiality and return it to the student. Thank you for your time and assistance.

Applicant Info:

Month/Year of Graduation: _____ Ranking Period (mm/yy) _____ to _____

Cumulative GPA: _____ GPA Scale (4.0, 5.0 etc): _____

Rank in Class: _____ Number of Students: _____

If rank is unavailable, indicate the approximate placement percentile (Top 10% etc): _____

High School Info:

Official Name of School: _____

ETS Code: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Percentage of class expected to enter 4 year college: _____ 2 year college: _____

Type of School (Public, Private, etc.): _____

Counselor Name: _____ Title: _____

Signature: _____ Date: _____