





United States Military Academy Request for High School Transcript

Form Approved -OMB# 0702-0061 Expires 2/28/2006

The public reporting burden for this collection of information is estimated to average 42 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for information Operations and Reports (0782-006)), 12 (5 Jefferson Davis Highway, Sulie 1204, Artington, VA 22262-4502. Respondents should be aware that notwithstanding say other provision of law, no person shall be subject to any pensity for failing to comply with the collection of information if it does not display a currently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completes form to Admissions, U.S. Milhtery Academy, Official Mall and Distribution Center, 646 Swift Road, West Point, NY 18996-1905.
PRIVACY ACT STATEMENT, AUTHORITY: Title 5 USC, Ch 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6938; Title 44 USC 3101: EO 0397. PRINCIPAL PURPOSE: Collection of data on Academy candidate for opening a file. ROUTINE USE:

To gather information on a candidate in order to open a file for admission to West Point. DiSCLOSURE IS VOLUNTARY. However, failure to provide information could preclude appointment.

<u>FOLLOW THESE STEPS IN FILLING OU</u>	JT THIS QUESTIONNAIRE:
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	oss out entry and re-write.	456
First Name M.I. Last Name Candidate Signature:		
as possible. West Point uses a transcript grades received, it is essential that the tra submitted before the completion of first s	To Be Completed By School Official admission to the U.S. Military Academy. Please complete this part of the form as of grades in reviewing a candidate's record. In addition to courses taken (or in prognscript reflect rank in class, test results and the complete academic record. If this femester of the senior year, please furnish a report of the first semester grades to thorm and transcript (and a school profile, if possible) in the business reply envelope	gress) and form is se Academy
High School Class Rank out of Class Size If no rank available please estimate placement: O Top 5% O Top 10% O Top 20%		CT Science/ Reasoning
Absence of rank will result in an incomplete file and halt processing. O Top 50% C Lower 50%	By graduation, this student will take: Pre-Calculus / Calculus O Yes O Yes O	0
Number of semesters shown on transcript: Pleas	e attach a copy of the courses this student is/will be taking in his/her ser	nior year.



shown on transcript:



School Official Remarks		
School Chicial Remarks		
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High School		% Grad Class Expected To Enter: 2 Yr. College 4 Yr. College
High School		% Grad Class Expected To Enter: 2 Yr. College 4 Yr. College
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High School Street Address		2 Yr. College 4 Yr. College
		% Grad Class Expected To Enter: 2 Yr. College 4 Yr. College ETS Code
		2 Yr. College 4 Yr. College
	State Zip Code	2 Yr. College 4 Yr. College
Street Address	State Zip Code	2 Yr. College 4 Yr. College
Street Address City		2 Yr. College 4 Yr. College ETS Code
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