

Completion of this page is optional, and used only to assist us in processing your application. If you have already begun university study, please skip this page.

High School Course Report

Section A: To be completed by the applicant.								
					B: 4 1 4	5:4.1.		
Student's name: SURNAME, GIVEN NAME, MIDDLE NAME					Birth date:	MM/DD/YYYY		
			in each area	helow that	vou have succ		leted or will	
Please estimate the approximate number of semester course units in each area below that you have successfully completed or will complete by the time you graduate from high school. Use the following conversion in completing the table below:								
			1 year	1 sem				
	4-5 hrs per week in class		2 1					
	2-3 hrs per week in class		1 .5					
Subjects	Year 8	Year 9 Y	ear 10	Year 11	Year 12	Year 13 (IF TAKEN)	Total Units	
Mathematics		·						
Algebra I								
Geometry								
Algebra II								
Trigonometry								
Calculus								
Science						1		
Non-Laboratory Sciences								
Biology								
Chemistry								
Physics								
Social Studies		<u> </u>						
History, Civics, Geog, etc.								
Languages								
English								
Other:								
Other:								
Section B: To be completed by the high school principal, headmaster, or guidance counselor: Please check the information completed by the applicant above for accuracy. To fairly evaluate this applicant's academic qualifications,								
we need information on your school's grading system and practices. Please complete as much of the following as possible.								
School's grading scale Lowest subject passing grade								
School's average grade/mark Score required for graduation/promotion								
Applicant's cumulative grade average Applicant's rank in class							(AII ADI E)	
RANK / CLASS SIZE (IF AVAILABLE) I verify that the information in Sections A and B above is correct.								
Signature and title of school official								
Name of high school Date:								