



OFFICE OF UNDERGRADUATE ADMISSION Phone: 312.567.3025
10 West 33rd Street, Perlstein 101 Fax: 312.567.6939
Chicago, IL 60616 E-mail: admission@iit.edu

APPLICANT

Complete the section below and give this form to your counselor or registrar to complete the remainder.

Full Name _____
FIRST (GIVEN) MIDDLE LAST

Mailing Address _____
CITY STATE POSTAL CODE COUNTRY

TRANSCRIPTS

I have submitted or will submit **transcripts from all colleges attended.** Yes No

Send transcripts to Office of Undergraduate Admission. Address listed above.

UNIVERSITY/COLLEGE REGISTRAR

Please answer the questions/statements below and use this Final Transcript Report to report the student's grades for the entire career at your institution. Please return by August 15th to the Office of Undergraduate Admission. Before the student matriculates to Illinois Institute of Technology, this form will be removed from the student's file and destroyed.

Official School Name _____ CEEB Code _____

Mailing Address _____
CITY STATE POSTAL CODE COUNTRY

1. If graduated, what date (mm/dd/yyyy)? _____
2. The student's grade point average was _____ on a maximum grading scale of _____.
3. Please attach the student's final transcript.
4. If you have noticed anything about the student that causes you concern about his or her transition to our institution, or if there are any significant additions or changes to his or her academic, extracurricular or character record, please use the back of this page for your remarks.
5. At this point, I believe the student can be recommended in terms of both academic ability and character.
Please check one: Strongly Recommended Recommended Not Recommended

Name _____ Position _____

Length of time acquainted with student _____

Telephone _____ E-mail _____

Signature _____ **Date** _____