

REQUEST FOR OFFICIAL HIGH SCHOOL TRANSCRIPT

DATE: _____

TO:

High School

Address

City

State Zip code

Please send an official copy of my transcript to:

The University of Louisiana at Monroe
Division of Enrollment Management
Office of Admissions
Monroe, LA 71209-1115

I attended school under the name of _____
(Print full name)

My high school graduation date is/will be _____
(month/year)

For identification purposes, my date of birth is _____

and my social security number is _____

- A five semester transcript is required to satisfy one of the requirements for admission to The University of Louisiana at Monroe Collegiate Program.
- A six semester transcript is required to satisfy one of the requirements for admission to The University of Louisiana at Monroe Early Admission or Concurrent Admission Program.
- Final transcript to be sent after my final grades and graduation date have been posted.
- Current transcript. NOTE: Final transcript will be required after graduation.

Sincerely,

Signature (IMPORTANT)

Street Address

City

State

Zip code

NOTE: An official transcript which bears the school seal is required by this request. Such a transcript is sent directly from the high school to ULM and does not pass through the student's hands.