Transcript Request

To the Applicant

Complete the information requested below in this section and send this form to a college or university you attended.

Name of Applicant

Name when registered

School or University

Date of entry _____/_____/_____  Date last attended _____/_____/_____  Degree Conferred

With the signature below I authorize release of a transcript of my academic record to Pace University.

________________________________________  _____/____/_______  Fee Enclosed  $________

To the Registrar

The person listed above asks you to send a copy of his or her official transcript to support an application for admission to a doctoral program. Please complete this form and return it with an official transcript to:

Admissions Committee
Doctoral Program
Lubin School of Business
Pace University
163 William Street, 16th Floor
New York, NY 10038-1598

The information requested below will help the program properly interpret the applicant's academic record.

1. If your institution does not follow a grading system with an "A" = 4.00, and "C" = 2.00, please enclose a schedule of point values for various grades.

2. Minimum cumulative grade point average required for graduation from this program? ______

3. Cumulative grade point average: For this applicant _____ For the graduating class _____

4. Cumulative rank in class for this person ______ Total graduates in the class ______

5. Percentage of a typical graduating class from this program with cumulative grade point averages in each range

   For graduate program:  
   below 3.30 _____%  
   3.30 - 3.70 _____%  
   above 3.70 _____%

   For undergraduate program:  
   below 2.50 _____%  
   2.50 - 3.00 _____%  
   above 3.00 _____%

6. Do your transcripts indicate when a student failed or repeated a course? ______

7. Are failed grades included in the calculation of cumulative grade point average? ______

________________________________________  _____/____/_______

Signature of School Official

________________________________________  School Seal

Title