



RIDER UNIVERSITY

Transcript Request and School Counselor Recommendation Form for High School Students

To the Applicant: After filling in the information below, give this form to your high school counselor. Please provide the counselor with a stamped envelope addressed to Rider University, Office of Undergraduate Admission, 2083 Lawrenceville Road, Lawrenceville, NJ, USA 08648-3099. Please print or type.

Student name _____ Social Security Number _____
Last First Middle Initial

Address _____

City State/Province Zip code County Country

Home Telephone E-mail

To the High School Counselor: Please attach the applicant's transcript, including courses in progress. Include, if available, a school profile and transcript legend. (Please check transcript for readability.)

Counselor's name _____

Position _____

School name _____

School address _____

Office phone _____ E-mail _____

High School SAT/ACT Code

How long have you known this student, and in what capacity? _____

Student's class rank is _____ in a class of _____. This rank is weighted not weighted. How many students share this rank? _____

Student's G.P.A. or average is _____ on a _____ scale. This G.P.A. is weighted not weighted

Percentage of student's graduating class planning to attend a four-year college _____

How does this student compare with others in his or her class? (Check the single most appropriate answer.)

