



401 Medical Park Drive • Concord, NC 28025 • 704-403-1556
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**REQUEST FOR HIGH SCHOOL TRANSCRIPT
AND COUNSELOR’S STATEMENT
(FOR CURRENT HIGH SCHOOL STUDENTS ONLY)**

APPLICANT: Please complete the top portion of this form. You should take it to your high school Guidance Office along with a self-addressed, stamped envelope addressed to:

Cabarrus College of Health Sciences
Office of Admissions
401 Medical Park Drive
Concord, NC 28025

Applicant’s Full Name _____ Social Security # _____

_____ Date of Expected Graduation _____

Applicant’s Complete Address (Street, City, State and Zip Code)

Complete Name of High School

Complete Mailing Address of High School (Street, City, State and Zip Code)

12th Grade Courses in Progress: _____

COUNSELOR: This form should be mailed along with the Applicant’s official high school transcript to the Admissions Office (see address above). Please include:

- _____ school’s grading scale
- _____ student’s graduate date
- _____ student’s rank
- _____ class size
- _____ student’s grade point average (on a 4 point scale)
- _____ SAT I and/or ACT scores

Is the above named school accredited? Yes No

Date of most recent accreditation: _____

Name of Accrediting Organization: _____

COUNSELOR:

If you have additional information about this student that you believe would be useful to us in making a decision about his/her admission, please write it here or send a separate recommendation with this form. If not, please check the box below.

I have no personal knowledge of this student.

Counselor's Signature and Date

Telephone Number