



INTERNATIONAL TRANSCRIPT REQUEST FORM

NOTE TO APPLICANT: Please complete the information below. Send this form to the registrar's office at your college or university early enough so that it will be returned to you in time to submit it with your application materials.

TO BE COMPLETED BY THE APPLICANT

| | | | | | | | |
|-----------------------|--|---------------|--|-------|------|---------|--|
| NAME | | LAST | | FIRST | | MIDDLE | |
| CITIZENSHIP | | DATE OF BIRTH | | MONTH | DATE | YEAR | |
| COLLEGE OR UNIVERSITY | | | | | | | |
| DATES OF ENROLLMENT | | DEGREE | | YEAR | | MM/YYYY | |

I hereby authorize the release of a transcript of my academic record to the Harvard Graduate School of Education.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

NOTE TO THE SCHOOL: The above-named person is applying to Harvard Graduate School of Education and requests that a transcript of his or her academic record be released to us. We ask that you enclose this form together with an official transcript, seal the envelope, and sign across the back flap. Return the sealed envelope to the applicant so it can be included with his or her application materials. Please submit all information, including transcripts, in English.

WE REQUEST THAT YOU ANSWER THE FOLLOWING QUESTIONS TO HELP US FAIRLY EVALUATE THE APPLICANT'S ACADEMIC ABILITIES.

- IF A COPY OF THE APPLICANT'S ACADEMIC RECORD CANNOT BE FORWARDED, PLEASE EXPLAIN.

- WHAT IS THE MARKING OR GRADING DISTRIBUTION (FROM HIGH TO LOW) USED AT YOUR ACADEMIC INSTITUTION?

- WHAT IS THE HIGHEST MARK USUALLY OBTAINED? _____ WHAT IS THE LOWEST PASSING/SATISFACTORY MARK GIVEN? _____
- IF THE APPLICANT HAS FAILED OR REPEATED A COURSE, IS THIS INDICATED ON THE ACADEMIC RECORD? Yes No
- WHAT IS YOUR INSTITUTION'S PRIMARY LANGUAGE OF INSTRUCTION?

- HAS THE UNIVERSITY INDICATED THE APPLICANT'S RANK IN CLASS ON THE ACADEMIC RECORD? Yes No
IF NOT, PLEASE APPROXIMATE THE APPLICANT'S RANK AND INDICATE THE TOTAL SIZE OF THE CLASS.

- PLEASE VERIFY THE APPLICANT'S:
DEGREE GRANTED _____ YEAR OF GRADUATION _____
FIELD OF STUDY _____
- ADDITIONAL COMMENTS YOU MAY WISH TO MAKE ABOUT THIS APPLICANT:

| | | |
|---|-----|-------|
| AUTHORIZED SIGNATURE | | |
| NAME OF PERSON COMPLETING FORM (PLEASE PRINT) | | |
| POSITION OR TITLE | | |
| ADDRESS | | |
| TELEPHONE | FAX | EMAIL |

Please return this form as soon as possible directly to the applicant.