AIR FORCE ACADEMY REQUEST FOR SECONDARY SCHOOL TRANSCRIPT

Form Approved OMB No. 0701-0066 Expires 20040229

THIS FORM COMES UNDER THE PURVIEW OF THE PRIVACY ACT OF 1974 AGENCY DISCLOSURE NOTICE ON PAGE II OF INSTRUCTION BOOKLET

		Section .	PART	I-TO BE	COMPLI	ETED	BY AP	PLICA	NT			
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APPLICANT: AFTER YOU HAVE COMPLETED PART 1, GIVE IT TO YOUR PRINCIPAL, HEADMA GUIDANCE COUNSELOR TO COMPLETE. DO NOT STAPLE ANYTHING TO THIS FORM)R			00000	
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The student named above is applying for admission to the Air Force Academy. Please complete as accurately as possible this part of the form. The Academy uses a transcript of grades in reviewing a candidate's record. 1. In addition to courses taken (or in progress) and grades received, it is essential that the transcript reflect rank in class along with the complete academic record to include test results such as SAT'S, ACT'S and other national examinations.							 Important! Please submit this information immediately. If this form is submitted before the completion of the first semester of the senior year, please furnish a report of the first semester grades to the Academy as soon as available. Return completed form and a transcript to the Air Force Academy in the self-addressed postage free envelope provided. (Also, include a profile of a typical graduating class, if possible.) Be sure to complete recommendation and sign the back of the form. 					
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CANDIDATE'S CUM. GPA	le.g. 4.01	RANK IN CLASS (Approx. to nearest 10th from top) IK FROM TOP NO. OF STUDENT		NUMBER OF SEMESTERS FOR GPAV 4 YR. COL. 2 YR		100	SCHOOL ETS/CEEB CODE		7	ADVANCED PLACE	HONOR COURSE	s O
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O OFFICIAL NAME OF SCHOOL: STREET ADDRESS:						1	RANKING PERIOD (Month and Year): FROM TO Grading Scale: A= C= B= D=					
CITY: STATE & ZIP CODE:				SCHOOL (include A								
CITY:	CULTY OF ST			(include A		LE CO	URSES.	B=		D≡		

DO NOT WRITE IN THIS SHADED SPACE

RECOMMENDATION: (Additional information which may be significant in considering applicant)
DOES YOUR SCHOOL HAVE A CHARACTER DEVELOPMENT OR VALUES PROGRAM? DID THIS
PARTICULAR APPLICANT PARTICIPATE? IF SO, IN WHAT WAY?

SIGNATURE

TITLE

DATE

HAVE YOU ATTENDED AN EDUCATOR VISIT.

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