Syracuse University

Senior Grade Report

For first-year applicants currently attending school in the United States.

Applicant: Please complete the information in the box below and submit it to your guidance counselor. After completing the form, your guidance counselor should send the form and your senior year grades to:

Syracuse University
Senior Grades Review Committee
Undergraduate Admissions Processing Center
621 Skytop Road, Suite 160
Syracuse NY 13244-5290

Please type or print.

AccessOrange Number_____
(if available)

Name _____
Last (Family) *First (Given)* *Middle (in full)* *Nickname (if any)*

Address _____

_____
City/Town *State (if applicable)* *Zip/Postal Code (if applicable)* *Country*

Admission Classification: ☐ Spring ☐ Early Decision (Fall) ☐ Regular Decision (Fall)

I ☐ waive ☐ do not waive any right of access that I may have to recommendations that are submitted in conjunction with my application to Syracuse University.

_____
Applicant's Signature *Date*

Guidance Counselor Information:

Please complete this form and attach an official transcript that indicates first-available, senior year course grades, or you may list current grades below and affix the high school seal where indicated. We will not make a decision without a senior year grade report for students applying under the Regular Decision plan. Students applying under the Early Decision plan must submit this form, senior year grades, and the Early Decision Commitment Contract.

Current class rank _____ In an entire class of _____ students unweighted ☐ weighted ☐

Current GPA _____ unweighted ☐ weighted ☐

Current grades:

Subject	Grade	Remarks (please indicate Advanced Placement, Honors, and Advanced Courses)

High School Official Seal

Counselor's Name _____ Date _____

Counselor's Signature _____ Phone Number (_____)_____

School _____ Fax Number (_____)_____

Counselor's E-mail Address _____