

Transcript Request

To the Applicant

Complete the information requested below in this section and send this form to a college or university you attended.

Name of Applicant _____

Name when registered _____

School or University _____

Date of entry ____/____/____ Date last attended ____/____/____ Degree Conferred _____

With the signature below I authorize release of a transcript of my academic record to Pace University.

_____/_____/____ Fee Enclosed \$ _____

To the Registrar

The person listed above asks you to send a copy of his or her official transcript to support an application for admission to a doctoral program. Please complete this form and return it with an official transcript to:

Admissions Committee
Doctoral Program
Lubin School of Business
Pace University
One Pace Plaza, 4th Floor
New York, NY 10038-1598

The information requested below will help the program properly interpret the applicant's academic record.

1. If your institution does not follow a grading system with an "A" = 4.00, and "C" = 2.00, please enclose a schedule of point values for various grades.
2. Minimum cumulative grade point average required for graduation from this program? ____.
3. Cumulative grade point average: For this applicant ____ For the graduating class ____.
4. Cumulative rank in class for this person _____ Total graduates in the class _____
5. Percentage of a typical graduating class from this program with cumulative grade point averages in each range
For graduate program: below 3.30 ____% 3.30 - 3.70 ____% above 3.70 ____%
For undergraduate program: below 2.50 ____% 2.50 - 3.00 ____% above 3.00 ____%
6. Do your transcripts indicate when a student failed or repeated a course? _____
7. Are failed grades included in the calculation of cumulative grade point average? _____

_____/_____/____
Signature of School Official

Title

School Seal