

## **ADMISSIONS**

High School Transcript Release Form

We are excited about your interest in MMC and look forward to working with you through the enrollment process. Please fill out the section below and submit to your guidance counselor or principal.

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NAME:			
Last	First	Middle	
ADDRESS:		21.1	
Street	City	State Zip	
DATE OF BIRTH:			
Check all that apply:			
	n requested below directly to MMC of	·	
☐ Please send a FINAL, official	al transcript directly to MMC upon my	y graduation (if currently enrolled).	
Applicant's Signature	Do	Date	
TO THE HIGH SCHOOL G	UIDANCE COUNSELOR OR PRINCI	IPAL:	
	information on the above applicant ar nd, if available, ACT/SAT test scores to t	nd mail an official transcript showing their he address provided below.	
APPLICANT INFORMATION:			
Cumulative HS GPA:	GPA SCALE (i.e. 4.0, 12.0):	Weighted: ☐ Yes ☐ No	
RANK: of	system, please provide	If using a GPA scale other than 4.0 or a weighted GPA system, please provide an unweighted 4.0 scale GPA conversion according to your schools policies:	
☐ ACT RESULTS (Date Taken:	):		
English Ma	th Reading Science	e Composite	
□ SAT RESULTS (Date Taken:	):Reading	Math Composite	
Does this transcript include D courses?	ual Credit, Advanced Placement (AF	P) or International Baccalaureate (IB)	
Counselor or Principal Signat		Date	
PRINT NAME:	TITLE:		
EMAIL:	PH	PHONE:	
Do you need information	about Mount Marty College for y	our files?    Yes    No	

THANK YOU FOR COMPLETING THIS FORM AND SUBMITTING WITH RQUESTED DOCUMENTS TO:

Mount Marty College | Attn: Office of Admissions | 1105 W 8th Street | Yankton, SD 57078