HOME SCHOOL TRANSCRIPT



STUDENT INFORMATION: FULL LEGAL NAME:				SCHOOL INFORMATION: SCHOOL/PROGRAM NAME:					
									STREET ADDRESS:
CITY:	STATE:	ZIP: _		CITY:	STATE:		ZIP:		
DATE OF BIRTH:	MM/DD/YYYY			CONTACT NAME:					
PHONE:	EMAIL:			PHONE:					
GRADUATION DATE:	CURRENT GRADE:								
OH ID NUMBER:									
GRADE 9	SCHOOL YEAR			GRADE 10	SCHOO	SCHOOL YEAR			
COURSE TITLE	CREDIT	SEM. 1 GRADE	FINAL GRADE	COURSE TITLE		CREDIT	SEM. 1 GRADE	FINAL GRADE	
TOTAL CREDITS:		CDA:		TOTAL CREDITS:			CDA		
TOTAL CREDITS:		GFA		TOTAL CREDITS:		`	GPA:		
GRADE 11	SCHOOL YEAR			GRADE 12	SCHOO	L YEAR			
COURSE	CREDIT	SEM. 1 GRADE	FINAL GRADE	COURSE TITLE		CREDIT	SEM. 1 GRADE	FINAL GRADE	
TOTAL CREDITS: GPA: _		⊥ GPA:		TOTAL CREDITS:			∟ GPA:		
CUMULATIVE GPA:	_				BMIT BY MAIL TO:				
SCHOOL CONTACT SIGNATURE:				KEN					
DATE:				6000 FRANK AVENUE NW NORTH CANTON, OH 44720					

Transcript is official when signed and dated.

OR EMAIL TO: STARKADMISSIONS@KENT.EDU