

Davis Degree Program

FORM FOR HIGH SCHOOL TRANSCRIPT



To: High School Registrar

The individual listed below is applying for admission to Wellesley College and will need a copy of her high school transcript sent to the College in order to complete her application. Please return this form with the official transcript.

Name _____
First Middle Last

She attended your school under the name of _____

Address _____
Street and Number City State Zip

Telephone _____ Date of Birth _____

Name of high school _____

Dates of years attended _____ Graduation Date _____

Student's signature _____ Date _____

Please return this form with the official transcript.

Send to: Wellesley College
Board of Admission
106 Central Street
Wellesley, MA 02481-8203