

# Summer Pre-College | Transcript Request

## TO THE APPLICANT

After you have completed the Student Information section, give this page to your Guidance Counselor/College Advisor.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Graduation Year \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

High School \_\_\_\_\_

## TO THE COUNSELOR

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_

Optional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit this form along with your transcripts. Thank you.

Email: [precollege@marist.edu](mailto:precollege@marist.edu)

Fax: 845.575.3215

Mail: Marist University, Office of Undergraduate Admission, 3399 North Road, Poughkeepsie, NY 12601



Office of Admission  
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