



# Transcript Request Form

**Please submit this form to your high school guidance counselor office.**

Student Name \_\_\_\_\_

The above named student has applied for admission to Providence Christian College. We request that you send this completed form along with the following information to us:

- A copy of the student's **official** transcript showing high school credit earned (including Grade 9)
- An explanation of your grading policies and/or scale that is used for grading
- The student's final cumulative high school grade point average

Rank \_\_\_\_\_ Class Size \_\_\_\_\_ High School GPA \_\_\_\_\_

School Name

\_\_\_\_\_

Counselor's Signature

\_\_\_\_\_

Please send to: Office of Admissions  
Providence Christian College  
PO BOX 4326  
Ontario, CA 91761-8826

Fax: (909) 923-5569  
\*If faxed, the original  
transcript must be sent  
as well.