

**MDHSA Transcript Request Form**

Student:

DOB:

Ph. #

Address:

E-mail:

SS #

Graduation Year

List current courses (usually senior year) and credits, in addition to those already on file with MDHSA. Please indicate if any are AP or college courses (cc). List mid-term grades if they have been requested by your college(s).

Do you want SAT scores on your transcript if we have them on file? Yes No

Do you want your GPA listed? Yes No  
 Grade Point Average (GPA) as of (date) (For academic subjects for all 9-12<sup>th</sup> years combined to date. Do not weight them). GPA is only needed if you want it on the transcript. **MDHSA does NOT compute GPA.**

**How to compute GPA:** 1. Multiply Percentage OR Pt. Value of letter grade by # of Credits. 2. Add up total % OR Pt. Value. 3. Add up total Credits. 4. Divide Total % OR Total Point Value by Total Credits. 5. Answer is GPA (rounded).

**Example of GPA for Percentage Grades:**

97% 1 credit  
 86% 1 credit  
 92% 1 credit  
+76% + .5 credit  
 313 divided by 3.5 equals  
 GPA of 89.43

Letter Grade & Point Values:

A = 4.0 C= 2.0  
 A-= 3.75 C-= 1.75  
 B+ = 3.5 D+= 1.5  
 B = 3.0 D= 1.0  
 B-= 2.75 D-= .75  
 C+ = 2.5 F= 0

**Example of GPA for letter grades:**

Gr.	Cr.	x	pt value	=	pt. value total
A	1	x	4.0	=	4.0
B	.5	x	3.0	=	1.5
B+	6.5	x	3.5	=	22.75
A	.25	x	4.0	=	1.0
	8.25				29.25

Divide 29.25 by 8.25 = 3.545 or GPA of 3.55

Please send transcripts to the following colleges or other interested parties. While Transcripts are usually sent within a week or less, **MDHSA reserves the right to allow two weeks to process this request. Please do not wait until a deadline is close at hand to send your request!** (An official copy of your completed transcript will be provided you after graduation).

PLEASE LET US KNOW WHAT COLLEGES YOUR STUDENT RECEIVED ACCEPTANCE FOR OUR RECORDS.

- Name: Phone:  
 E-mail: Fax:  
 Address:
- Name: Phone:  
 E-mail: Fax:  
 Address:
- Name: Phone:  
 E-mail: Fax:  
 Address:
- Name: Phone:  
 E-mail: Fax:  
 Address:

Number of transcripts @ \$5.00 each = Total enclosed Check # Date:

**Authorized Signature (parent or student only)**

**Your signature authorizes MDHSA to send the transcript to the above listed party/ies.**

**To receive confirmation of transcripts mailed to colleges, please enclose a self-addressed, stamped unsealed envelope with the words "Transcripts mailed" on the back and it shall be date stamped and returned to you. MDHSA is unable to confirm transcript mailings by e-mail or telephone or if postage is omitted from envelopes.**

Mail to: MDHSA Transcript Request 32 West Main Street, #5 Waynesboro, PA 17268 Please make checks payable to MDHSA.