

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).

1. Name: \_\_\_\_\_ Ph/Fax \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Ph/Fax \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Ph/Fax \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Ph/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 that transcripts have been mailed to colleges, please enclose a self-addressed, stamped envelope. When MDHSA mails your transcripts to colleges, a copy of your transcript request form will be returned to you in the envelope. 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.