



GROVE CITY
COLLEGE
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Please complete form and mail to: The Office of Admissions
Grove City College
100 Campus Drive
Grove City, PA 16127-2104

Name _____
(Last) (First) (Middle)

Are you currently enrolled in college? Yes No

Name of present college/university: _____

Number of academic terms in attendance: _____

We would like evaluations of all courses in progress during the current term. Please ask your Professors to provide your grades and their signatures as soon as possible.

Course Number and Title	Credits	Grade	Professor's Signature	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please send your semester/quarter grades to us when they're available. In addition, you will need to send an official copy of your transcript as soon as you finish your semester, as well as official transcripts from other colleges/universities you have attended.