



ACADEMIC HISTORY FORM

Name: _____

Civil ID#: _____

Date of High School Graduation: _____

High School Institution: _____

High School Track: Art / Science (Choose) _____

Scholarship Major: _____

Please include **all colleges/universities attended after high school graduation. (This includes universities outside of the United States)*

Semester	Year	Name of School Attended	Transcript <i>Please check if submitted.</i>