STANDOUT® Admissions Network

STANDOUT ADMISSIONS CURRICULUM REPORT

APPLICANT

Student Name _____ Date _____

Date of Birth *(mm/dd/yyyy)* _____/_____/_____

StandOut Admissions Network Account ID_____

UNIVERSITY

Institution Name _____ CEEB _____

COURSE LIST

Please consult your current instructors to complete this section. Retain a copy for your records.

① Course Title _____ Department _____

Course Number _____ Credits _____ Current Grade _____

Comments *(optional)* _____

② Course Title _____ Department _____

Course Number _____ Credits _____ Current Grade _____

Comments *(optional)* _____

③ Course Title _____ Department _____

Course Number _____ Credits _____ Current Grade _____

Comments *(optional)* _____

④ Course Title _____ Department _____

Course Number _____ Credits _____ Current Grade _____

Comments *(optional)* _____

⑤ Course Title _____ Department _____

Course Number _____ Credits _____ Current Grade _____

Comments *(optional)* _____

Please scan and attach this form to your application, or mail it directly to the admissions office of each college or university that requests one.