

INTERNATIONAL ACADEMIC RECORD REQUEST FORM

(FOR COLLEGES AND UNIVERSITIES OUTSIDE THE U.S.A.)



JOHNS HOPKINS
BLOOMBERG
SCHOOL of PUBLIC HEALTH

615 North Wolfe Street, Suite E1002
Baltimore, Maryland 21205
Admissions Office

To the applicant: Please complete the upper portion of this form. Send the form to your university early enough to ensure that your academic record will be returned to you in time to submit with your application. This form may be photocopied.

Applicant's name _____
Last First Former name(s)

University or college _____

Field of study _____ Period of enrollment _____

Degree earned _____ Date awarded _____

I hereby authorize the release of my academic record to the Johns Hopkins Bloomberg School of Public Health.

Applicant's signature _____ Date _____

To Be Completed by the School: The person whose name appears above is applying for admission to the Johns Hopkins Bloomberg School of Public Health. Your response to the following questions will help us fairly evaluate the candidate's academic abilities. *All questions should be answered in English.*

Please complete this form and enclose it with an official or attested copy of the applicant's academic record (transcript and/or mark sheets). If necessary, please provide an English translation. Please seal the envelope and sign across the seal, *then return it to the applicant* so it can be included with his/her application. If you prefer, these items may be sent directly to the Admissions Office at the address shown above.

1. Please indicate the degree(s) or diploma(s) (if any) awarded to this student, the period the student was enrolled, and the date the degree (if any) was awarded.

Degree or diploma Period of enrollment Date awarded

Degree or diploma Period of enrollment Date awarded

2. If an official or attested copy of the student's academic record cannot be provided, please indicate the reasons.

3. What is the marking or grading distribution (from high to low) used at the above academic institution?

What is the highest mark usually obtained?

What is the lowest passing/satisfactory mark given?

4. What is the language of instruction?

5. Is it your school's practice to indicate course failures or repetitions on the academic record? Yes No

If not, please indicate courses failed or repeated.

6. Is it your school's practice to indicate the student's rank in class on the academic record? Yes No

If not, please approximate the student's rank and indicate the total size of class.

7. Additional comments you may wish to make about this student:

School Seal or Stamp

Authorized signature _____

Name of person completing form (Please print) _____

Position or title _____

University or college _____

Address _____

Thank you for your assistance.