

STUDENT TRANSCRIPT

Official Transcript

School's Name School's
Complete Address

Student's Name: Shawn Mendes

Student's Social Security Number: _____

Student's Address: 4013 Tchesinkut Lake Rd, VOJ 1E0, Canada

Student's Program Title: _____

Program Title	Enrollment Date	Required Hours	Completion Date	Hours Completed	Final Grade	Grade Point Average

Number of Transfer Hours (if applicable) _____ in Program/Course(s) _____
Transfer Hours Accepted From (Name of School and Address) _____

SIGNATURE

Signature of School Official

Official's Title

Date

Raised Seal of School

A (Excellent) 93%-100%
B (Above Average) 85%-92%
C (Average) 75% - 84%
D (Below Average) 70% - 74%
F (Failure)

WP - Withdrew Passing
WF - Withdrew Failing
Inc. - Incomplete
1.0

Any grade falling below the school's graduation requirement of 70% (The above sample grades are aligned with recommendations from national accrediting agencies and various state agencies. It is the responsibility of each school to set their grading policy.)
Sample Student Transcript Form/2004