



Northeastern

Name: Admissions ID: DOB (date of birth):

Dear Transfer Applicant:

This is a request that you and your professors fill out the form below, so that the Office of Undergraduate Admissions may better evaluate your application to Northeastern University.

The form is a record of your mid-term grades at the college you currently attend. *You do not need to have taken mid-term exams to complete the form.* Your grades can be based on the information on record, and we understand that these are preliminary grades only.

Please return this form to the Northeastern University Office of Undergraduate Admissions as soon as possible. To expedite the decision process, please fax this completed form to 617-373-8780 and be sure to include your name and date-of-birth.

Current College: _____

COURSE TITLE (Comments are optional.)	GRADE	AS OF:(date)	FACULTY SIGNATURE
1.			
Comments:			
2.			
Comments:			
3.			
Comments:			
4.			
Comments:			
5.			
Comments:			

Northeastern University
 Application Processing Center
 P.O. Box 120
 Randolph, MA, USA 02368-9998
 Phone: 617.373.2200
 Fax: 617.373.8780