

FOR GUEST APPLICANTS ONLY

Submit this application for completion to the Registrar's Office where you are currently enrolled or last attended. The completed form should be mailed to: Hope College Admissions; 69 E 10th St; PO Box 9000; Holland, Michigan 49422-9000.

TO BE COMPLETED BY REGISTRAR OR DESIGNATED AGENT

I certify that _____
enrolled at _____
and earned _____ quarter or
_____ semester credit hours.

This student:

Academic Standing	Grade Average	Eligibility To Return
<input type="checkbox"/> Good	<input type="checkbox"/> C or better	<input type="checkbox"/> Yes
<input type="checkbox"/> Probation	<input type="checkbox"/> Below C	<input type="checkbox"/> No

- is in first term of attendance and has no record to date.
- has been, or probably will be, requested to withdraw because _____

Since this certification is in lieu of an official college transcript, the seal of the institution must be affixed.

COLLEGE SEAL

Signature _____ Title _____
Institution _____
City and State _____ Zip _____
Date _____



HOPE COLLEGE ADMISSIONS
69 EAST 10TH STREET / PO BOX 9000
HOLLAND, MICHIGAN 49422-9000
616-395-7850 / 800-968-7850 / FAX 616-395-7130