



SIGMA NU FRATERNITY, INC.
MERIT AWARDS PROGRAM
TRANSCRIPT REQUEST FORM

This form is required for Scholar-of-the-Year applications ONLY

This material will be held in confidence. Official transcripts may be mailed as part of the applicant's materials in a signed, sealed envelope, or sent separately by the institution.

TO THE TRANSCRIPT OFFICER:

_____ is applying for a Sigma Nu Merit
(Name of Applicant)

Award. Please furnish the information requested below, attach this form to the transcript and, if need be, mail to:

Sigma Nu Awards Program
9 N. Lewis Street
P.O. Box 1869
Lexington, VA 24450

REQUESTED INFORMATION:

1. A copy of the applicant's complete academic record (transcript) at your institution. Please include a listing of the courses in which he is currently enrolled.
2. Grade Point Average and approximate standing in class (if provided by policy): _____
3. Scholastic Aptitude Test scores and other pertinent test scores (if available and not included in transcript):

(Signature of appropriate officer)

(Date)

(Name of Institution)