



UNIVERSITY OF  
SAN FRANCISCO

# Mid-Year Report Form

*This form is provided for freshman applicants applying under Regular Action. Have your counselor or school registrar complete the form and submit it as soon as your fall semester grades are available. Your application cannot be evaluated without your fall senior year grades.*

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## To the Applicant:

*Please submit this form to your counselor or to the school official at your school who sends out transcripts.*

Legal Name \_\_\_\_\_  
*Last First/Given Middle Jr., etc.*

Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_  
*mm/dd/yyyy optional*

Street Address \_\_\_\_\_  
*Number and Street Apt #*

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

School you now attend: \_\_\_\_\_ CEEB / ACT Code \_\_\_\_\_

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## To the School Official:

*Please complete this form, attach the required official transcript, and mail as soon as fall semester grades are available to:*

**University of San Francisco**  
**Office of Undergraduate Admission**  
**2130 Fulton Street**  
**San Francisco, CA 94117**

Applicant's Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_  We do not rank our students.

Cumulative GPA: \_\_\_\_\_ This GPA is  weighted  unweighted

Have there been any changes to the senior year courses listed on the previous transcript?  Yes  No

If yes, please note the changes here: \_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

School / Institution: \_\_\_\_\_

School Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SCHOOL OFFICIAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_