

**Texas A&M Health Science Center
College of Medicine
Partnership for Primary Care**

VALIDATION OF HIGH SCHOOL ACADEMIC RECORD

Name: _____ SS No.: _____
Last First M.I.

Provide grades either on a scale of 0-100 or 1.00-4.00.

1. Please provide the name and location of your high school.

(Name of High School) (City) (County) (State)

2. **Rank in Class:** You must rank in the top 10% of your graduating class to be eligible.

Rank in Graduating Class _____ Size of Graduating Class _____ Mo/Year of Graduation _____

3. **SAT and ACT Test Scores:** A minimum SAT score of 1200 or ACT composite score of 26 is required to be eligible.

Most Recent	Date Taken	Critical Reading	Math	Total Score
SAT				

Most Recent	Date Taken	English	Math	Reading	Science	Composite Score
ACT						

4. **Grade Point Averages (GPA) and Credits:** A minimum of an overall 3.5 or equivalent is required to be eligible.

HIGH SCHOOL GPA	GRADE POINT AVERAGE	NUMBER OF CREDITS
Science		
Non-Science		
Overall		

HIGH SCHOOL GPA	GRADE POINT AVERAGE	NUMBER OF CREDITS
Year 1 (Freshman)		
Year 2 (Sophomore)		
Year 3 (Junior)		
Year 4 (Senior)		

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5. Senior Year Course Work: List all courses taken, in progress, or to be taken during your senior year. Identify courses that are Honors (H), Advanced Placement (AP), International Baccalaureate (IB), etc.

Term 1 / Trimester 1	Term 2 / Trimester 2	Term 3 (if applicable)

6. Have your counselor or school official validate your academic record, including test scores, by signing in the space below.

Validation of Academic Record: _____
(Signature of Counselor or School Official)
(Position)
(Date)