Texas A&M University
College of Medicine
Partnership for Primary Care (PPC)

VALIDATION OF HIGH SCHOOL ACADEMIC RECORD

Name: _____ Student ID#: _____
Last First M.I.

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

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

2. **Rank in Class if available**: _____

Rank in Graduating Class_____Size of Graduating Class_____ Mo/Year of Graduation_____

3. **SAT and ACT Test Scores**: **For 2020, IF test scores are available.** A minimum SAT score of 1300 (Verbal & Math) or ACT composite score of 30 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. **Unweighted Grade Point Averages (GPA) and Credits**: A minimum of an Overall & Science 3.50 or equivalent is required to be eligible.

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

5. **Please email an unofficial pdf copy of your high school transcript and a transcript for any college credit you may have.**

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

Validation of Academic Record: _____
(Name & Signature of Counselor or School Registrar) (Position) (Date)