AUBURN FIRST

HIGH SCHOOL LETTER OF SUPPORT

Please complete the top portion and ask your high school counselor/principal to submit this letter of support with a copy of your transcript to Auburn University.

COMPLETED BY THE STUDENT

NAME:	DATE:	
DATE OF BIRTH:	HIGH SCHOOL:	
COMPLETED BY THE HIGH SCHOOL OFFICIAL HIGH SCHOOL OFFICIAL NAME:		
EMAIL ADDRESS:	PHONE NUM	BER: ()
STUDENT'S CUMULATIVE GRA	DE POINT AVERAGE:	*based on a 4.0 scale
STUDENT'S EXPECTED GRADUATION DATE (MM/YYYY):		
In order to be eligible to participate in Auburn First, students must have a minimum 3.0 high school GPA and have support from their high school. By signing below, I am confirming my support of the above named student to take coursework through Auburn First.		
Print Name	Signature	Date

Please send this form along with the student's transcript to **aufirst@auburn.edu** to verify high school support for the student to participate in Auburn First. If your school uses eScrip-Safe or Parchment, electronic copies are preferred. Receipt of this form is required for a student's Auburn First application to be complete.