



BEVILL STATE COMMUNITY COLLEGE
Certification of High School GPA for Nursing
Admissions



Name: _____

SSN#: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

High School: _____

By my signature, I give permission for my high school to release the following information to Bevill State Community College.

Student's Signature: _____

I certify that the above student's cumulative high school GPA on a 4 point scale is _____ (ex. 3.681).

High School Counselor's Signature

Date

In order to be accepted, this form must be delivered to Bevill State Office of Student Services in a sealed high school envelope or emailed directly from the high school indicated above to the Office of Student Services at admissions@bscc.edu. February 2024 JF