



# FRANCIS MARION UNIVERSITY

## INSTRUCTIONS

*Counselor.* Please complete the *School Information* section, attach this form to the high school transcript, including the student's current class schedule, and return it as soon as possible in the postage-paid envelope provided, or mail to:

**Office of Admissions**  
Francis Marion University  
Attn: Admissions  
PO Box 100547  
Florence, SC 29502

## APPLICANT INFORMATION

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date: \_\_\_\_\_  
Applicant  
Signature: \_\_\_\_\_

## SCHOOL INFORMATION

High School: \_\_\_\_\_  
Counselor's Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
  
Counselor's  
Signature: \_\_\_\_\_

Thank you for your assistance in helping us evaluate this applicant.