Request for Assistance

T. _ G a. c C. . . .. :

Please mail a copy of my high school transcripts and ACT/SAT scores to:

Ohio Dominican University
Office of Admission
1216 Sunbury Road
Columbus, OH 43219
Phone: 800-955-6446
Fax: 614-251-0156

Student Name: _____
(First) (Middle) (Last)

Maiden Name (if applicable): _____

Phone Number: _____

High School: _____ Year of Graduation: _____

ID/SS Number: _____ Date of Birth: _____

Student Signature: _____ Date: _____