

	2024 YTI Summer Academy International Academic Record Form PLEASE PRINT OR TYPE
<b>TO THE INTERNATIONAL APPLICANT:</b> Complete the top portion and give this form to your guidance counselor at school.	
APPLICANT'S PERMISSION STATEMENT: I record to be released by high school officials for	hereby freely grant permission for my academic or confidential use by YTI of Emory University.
APPLICANT'S SIGNATURE	DATE
TO THE GUIDANCE COUNSELOR: The person name YTI Summer Academy of Emory University. During the talented and theologically curious teenagers and skilled an ecumenical and diverse context and imagine new person of our program requires emotional stability and a well-comments both candid and substantively significant. Yo have any questions about the program, please contact I 404-727-4239. We appreciate your assistance. Please principles	is one-week residential program, intellectually d adult teachers will explore Christian theology in ossibilities for the public good. The intense nature integrated personality. Please make your ou may attach additional pages if necessary. If you Dr. Jill Weaver, Director, at jweaver@emory.edu or
Please return to us by mail an official paper hard copy of for the Fall Term of 2023. A copy of this completed form an	the student's high school transcript, including grades d an official transcript should be sealed and mailed to:
Youth Theological Initiative 1531 Dickey Drive Candler School of Theology Emory University Atlanta, GA 30322	
Counselor Name:	Phone: ()
School Name:	, ,
School Address:	
street address	city, state, zip code
Student's rank in class (if available) of Comments:	Grade point average:
I certify that this student is a high school fracademic year 2023-2024.	eshman, sophomore, or junior in
Signature:	Date

Name of Applicant: \_

Last

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First