

## Counselor Recommendation and Transcript Request Form

## TO THE APPLICANT:

| , men yeu mare completed the etade.  | it information doction, give time p  | age to your duidance Counselor/Cone          | go naviooi.   |  |  |
|--|--------------------------------------|--|---|--|--|
| Name:  |                                      | First/Given                                  | First/Given   |  |  |
|  |                                      | i iisy aiveii                                |   | Middle   |  |
| Permanent Address:   |                                      | Number and Street                            |   |  |  |
| Δddress:   |                                      |  |   |  |  |
| Address:   | City or Town                         | State/Province                               | ZIP/Postal Code   | Country  |  |
| U.S. Social Security #:  | 1 1                                  |  |   |  |  |
| Current year courses—please indi<br>classes taken in the same semest   |                                      | ed honors, etc.), and credit value of line.  | all courses you are taking  | j this year. Indicate quarte                       |  |
| First Semester/Trimester   | Second Seme                          | ster/Trimester                               | Third Semester/Trimester  |  |  |
|  |                                      |  | -   |  |  |
|  |                                      |  | -   |  |  |
|  | <del></del>                          |  |   |  |  |
|  |                                      |  |   |  |  |
|  |                                      |  |   |  |  |
|  |                                      |  |   |  |  |
| To the Guidance Counsel  | OR:                                  |  |   |  |  |
|  |                                      | profile, and transcript legend. (Check trans | cript copies for readability.) Be   | sure to sign below.                                |  |
| Counselor's Name:  |                                      |  |   |  |  |
| gnature:   |                                      |  | Date:   |  |  |
| Title:   |                                      | School :                                     |   |  |  |
| School address:  |                                      |  |   |  |  |
| City or Town   |                                      | State/Province                               | Country   | ZIP/Postal Code                                    |  |
| Counselor's phone: ( ):  |                                      | Counselor's fax: ( )_                        |   |  |  |
| Secondary school CEEB/ACT code:  | Cour                                 | nselor's E-mail:                             |   |  |  |
|  |                                      | from to                                      |   | n on a block schedule?                             |  |
| The rank is: weighted unweighted. How many students share this rank? we do not rank.  Instead, please indicate quartile quintile |                                      |  | ☐ Yes ☐ No  If yes, in what year did block scheduling begin?                              |  |  |
| Cumulative GPA: on a scale, covering a period from   |                                      | m to   | If you offer AP courses,  | If you offer AP courses, do you limit the number a |  |
| The GPA is: ☐ weighted ☐ unweig  | hted. The school's passing mark is _ |  | student can take?  Yes  No In comparison with other college preparatory student           |  |  |
| Highest grade/GPA in class Graduation dat  |                                      | raduation date                               | at your school, the applicant's course selection is:  ——————————————————————————————————— |  |  |
| Percentage of graduating class attending   | ng: four-year                        | rtwo-year institutions                       | <ul><li>☐ most demanding</li><li>☐ very demanding</li></ul>                               | ☐ less than demanding ☐ demanding                  |  |