



Secondary School Report Form

Instructions: Students should complete Section I and submit the form to their school counselor. Counselors should complete Sections II and III and forward the report form along with the respective admission application to each school to which the student is applying.

SECTION I (to be completed by student)

Student Name _____ SSN _____

Address _____ Date of Birth _____

_____ Phone _____

Email Address _____

I am applying for: Early Decision Early Action Regular Decision Other _____

I recognize the confidential nature of this document and I do don't waive my right to access.

Student's Signature _____ Date _____

SECTION II (to be completed by school counselor—include information only if it is not included in other student documents)

High School _____ High School CEEB _____

Address _____

Phone _____ Fax _____

Counselor's Name _____ Title _____

Email Address _____

Percentage of class attending: Four-Year _____ Two Year _____ institutions.

Grading scale 4.0 100 Other _____ Passing Grade is _____

Student's GPA _____ Weighted Unweighted

GPA includes (check all that apply): 9th Grade 10th Grade 11th Grade 12th Grade

Student rank _____ in a class of _____ as of: 9th Grade 10th Grade 11th Grade 12th Grade

We do not rank.

Is the student's course selection: Most Demanding Very Demanding Demanding Average Below Average

SENIOR YEAR COURSES:

First Term:

Course _____ Grade _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Second Term:

Course _____ Grade _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

SECTION III *(to be completed by school counselor)*

Please comment on the following items which reference the student's ability and character. Attach additional pages if more space is needed.
(A recommendation letter may replace Section III.)

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student's ability? Yes No
If not, please describe the circumstances.

Counselor Statement:

Thank you.

Counselor's Signature _____ Date _____