



MID-YEAR OR FIRST TRIMESTER 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 applicant's official transcript to each school to which the student is applying.

SECTION I (to be completed by student)

Student Name _____ S.S. Number _____
Last First MI - -

Address _____
Street Apt. No. City State Zip Code

School _____
Name Street City State Zip Code

E-mail Address _____

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

1. Transcript:

Please send an official updated transcript with the applicant's seventh semester or first trimester grades along with this report form to the college or university as soon as grades are available.

2. GPA:

This applicant has a cumulative grade point average of _____ on a _____ scale through the date of _____.

Have these grades been recalculated? Yes No

This GPA is: Weighted Unweighted

3. Rank:

This applicant most recently ranks: _____ in a graduating class of _____ students or _____ decile or _____ quintile or Not ranked

This rank is: Weighted Unweighted We do not rank

This rank covers the period from _____ through _____
month/year month/year

COMMENTS:

Have there been any significant additions to or changes in the applicant's academic, extracurricular, or personal conduct record, or test scores since your previous report and rating? Yes No If significant changes occur during the remainder of the school year please notify each school to which the student has applied.

SENIOR YEAR RECORD (MID-YEAR REPORT)

Course	Grade	Remarks (Please indicate Advanced Placement, Honors, and Advanced courses.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Please use the area below to comment on any significant additions to or changes in the applicant's academic, extracurricular, or personal conduct record, or test scores since your previous report and rating was mailed.

Counselor's Signature _____ Date _____
Name _____ Title _____
Telephone (_____) _____ Print or type CEEB/ACT CODE: _____
Fax (_____) _____ E-mail Address _____