## School Report – School Of cial Recommendation

## To the First Year Applicant:

Complete this shaded box and give this form to your school counselor, principal, or other school of cial. Please request that this form be mailed directly to the Of ce of Admissions.

Name						
rst	middle	last				
Address						
street, route or PO Box						
city	state	ZIP/postal code	province	country		
Applying for entry beginning: Fall Spring (year)						
Name of school CEEB Code						
Address						
I recognize the con dential nature of this document and I do I do not waive my right to access.						
Student's signature Date						

## To the School Of cial:

1. Complete all information requested on the front and back of this form.

- 2. Submit an of cial copy of the applicant's transcript.
- 3. Return this form directly to the Of ce of Admissions.

School Counseling phone ()	School Counseling	fax ()	
Accreditation by	Public School	Private School	
Percent graduates entering 4-year college	_ 2-year college	Other	
If not provided on the transcript, please provide class ran Class rank out of students as of Is the rank weighted? YES NO School does not rank	_/	Give grading scale, highest to lowest: A = B= C= D= F=	

In comparison with other college preparatory students at your school, the applicant's course selection is: Most Demanding Very Demanding Demanding Average Below Average

FOR HOME SCHOOLED STUDENTS ONLY: Will the student's home school graduation be recognized by her state of residence? YES NO

 Has the applicant ever been found responsible for a disciplinary violation at your school from ninth grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? YES NO School policy prohibits response 2. To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? YES NO

Counselor Recommendation