

SECONDARY SCHOOL REPORT FORM

APPLICANT INFORMATION

To be filled out by Guidance Counselor

Mr./Ms./Miss/Mrs.	Last Name	First Name	Middle
Address		City	State Zip

SCHOOL INFORMATION

School Name	ACT/College Board School Code		
Guidance Counselor Name	Guidance Counselor Phone Number	Guidance Counselor Email Address	
School Street Address	City	State	Zip Code

Public School Non-Public School Accredited by: State Regional Crediting Assn.

STUDENT ACADEMIC INFORMATION

Please indicate which curriculum the student has completed: College Prep/Rigorous College Prep/General General Modified
Grade Point Average: _____ Scale: _____ Student Ranks: _____ in a class of _____ after _____ semesters.
Unweighted GPA: _____ Class Rank is: Exact Approximate School does not rank Year of Graduation: _____

If rank is weighted or does not include all students, please explain or attach further details.

TEST RESULTS

Please enclose recent psychological tests with subscores for students applying to the PLUS Program.

For Ohio Counselors Only: This student is eligible to receive a high school diploma. Yes No

ACT	ENGLISH	MATH	READING	SC REASONING	COMP	DATE
ACT	ENGLISH	MATH	READING	SC REASONING	COMP	DATE
SAT	VERBAL	MATH	WRITING			DATE

COURSES IN PROGRESS

SEVENTH SEMESTER:	
	COMPLETION DATE
EIGHTH SEMESTER:	
	COMPLETION DATE

RECOMMENDATION

We would greatly appreciate any other pertinent information you may be able to provide regarding the applicant. Please include any such remarks on the back of this form or as an attachment.

Would you recommend this student for admission to Muskingum University? Yes No With Reservations

School policy precludes making a recommendation

SIGNATURE

NAME	TITLE	DATE
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