

ACADEMIC REPORT FORM

TO ALL FRESHMEN APPLICANTS:

Complete the first section of this form. The first signature authorizes your school to release confidential information and must be signed. By signing in the second space, you will waive your right to review the remarks made by your school. After completing this section, please give this form to your high school guidance counselor.

Legal name _____
Last First Middle (complete) Jr.

Permanent home address _____
Street City State ZIP

Home phone (_____) _____
Applicant Signature Date

In recognizing the value of recommendations made in confidence, I hereby waive any right to review this form after it has been completed and submitted to Carroll University.

Applicant Signature Date

HIGH SCHOOL GUIDANCE COUNSELOR

Please send:

- 1. This completed form.**
- 2. A copy of the applicant's transcript.**
- 3. The applicant's senior course schedule.**
- 4. ACT/SAT test scores (if available) to:**
Office of Admission, Carroll University, 100 N. East Ave., Waukesha, WI 53186

High school guidance counselor name _____

High school _____ Phone _____

School address _____
Address City State ZIP

Counselor email _____

This applicant ranks _____ in a class of _____ students. The rank covers a period from _____ to _____.

The rank is ___ weighted ___ unweighted.

The cumulative GPA is _____ on a _____ scale.

Of this applicant's graduating class, _____% plan to attend a four-year college.

Are classes taken on a block schedule? ___ Yes ___ No

How long have you known the applicant? _____ In what context(s) have you known the applicant? _____

What are the first words that come to your mind to describe the applicant? _____

In comparison with other college-bound students at our school, the applicant's course selection is

___ below average ___ average ___ demanding ___ very demanding ___ most demanding

I recommend this student

___ with reservation ___ fairly strongly ___ strongly ___ enthusiastically

On another sheet, please write whatever you think is important about the applicant, including a description of his or her academic and personal characteristics. We welcome information that will help us to differentiate this student from others.

Signature _____ Date _____

Carroll University does not discriminate on the basis of race, sex, creed or religion, age, color, national or ethnic origin, or disability in the administration of its education policies, admission policies, or scholarship and loan programs.

Tear off

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