

# SECONDARY SCHOOL REPORT

## For the Applicant

After completing this section, please give this form to your guidance/college counselor or another appropriate school official so that they can complete and submit it to Susquehanna's admissions office.

Applicant's name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current secondary school \_\_\_\_\_ CEEB Code \_\_\_\_\_

If your senior year courses are not included on your transcript, please list them below.

First semester/trimester \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Second semester/trimester \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Third trimester \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

## Privacy Notice

Due to the Family Educational Rights and Privacy Act (FERPA), upon matriculation you will have access to this form, supporting document and recommendations unless you waive your right to access them.

- Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
- No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## For the Secondary School Counselor

Please attach an official copy of the applicant's transcript as well as a transcript legend and school profile.

Counselor's name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

School address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## School background

Are classes taken on a block schedule?  Yes  No

Is the applicant an IB Diploma candidate?  Yes  No

If your school offers AP courses, do you limit the number that can be taken?  Yes  No

In comparison with other students at your school, rate the applicant's course selection.

Most demanding  Very demanding  Demanding  Average  Below average

Percentage of graduating class immediately attending four-year institutions \_\_\_\_\_

## Student's Standing

Class rank \_\_\_\_\_ Class size \_\_\_\_\_ The rank is  weighted  unweighted.

How many students share this rank? \_\_\_\_\_

If you do not rank, please provide the quartile, quintile or decile in which the student falls. \_\_\_\_\_

Cumulative G.P.A. \_\_\_\_\_ The G.P.A. is  weighted  unweighted. Highest G.P.A. in the class \_\_\_\_\_

Was this student ever found responsible for a disciplinary violation that resulted in probation, suspension, removal, dismissal or expulsion from a secondary school?  Yes  No

Was this student ever convicted of a misdemeanor, felony or other crime?  Yes  No

How long have you known this student and in what context? \_\_\_\_\_

What are the first words that come to mind when you describe this student? \_\_\_\_\_

Please write an evaluation of this student's academic, extracurricular and personal characteristics and attach it to this form.

## Student's ratings

Please indicate how you would rate this student in comparison with classmates in the following areas:

	No basis	Below average	Average	Above average	Well Above average	Top 10% of the class	Top 5% of the class	Top 1% of the class
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal qualities and character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how would you recommend this student?

No basis  With reservation  Fairly strongly  Strongly  Enthusiastically