

Counselor Recommendation and High School Transcript Request Form

Applicant Instructions:

This form is required for currently enrolled high school students in addition to the online undergraduate application for admission. Please complete the applicant information section and submit this form to your high school guidance counselor or principal.

Applicant Information

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL _____

DATE OF BIRTH (MO/DAY/YR): _____

Counselor or Principal Instructions:

Please complete the remaining sections of this form and forward the completed form and an official high school transcript including SAT or ACT scores if available to the address listed at the bottom of this form. An additional page may be attached if you would like to make any additional comments to assist us in make an appropriate admissions decision.

Counselor or Principal Information

HIGH SCHOOL NAME: _____ CITY _____ STATE _____ ZIP _____

COUNSELOR'S NAME _____ POSITION/TITLE: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS _____

Academic Information If Not Included On Transcript

GRADUATION DATE (MO/DAY/YR): _____

RANK IN CLASS: _____ SIZE OF CLASS: _____ CUMULATIVE GPA: _____

SAT I VERBAL _____ MATH _____ TEST DATE (MO/DAY/YR): _____

SAT I VERBAL _____ MATH _____ TEST DATE (MO/DAY/YR): _____

ACT EN: _____ MA _____ RE _____ SR _____ CO _____ TEST DATE (MO/DAY/YR): _____

ACT EN: _____ MA _____ RE _____ SR _____ CO _____ TEST DATE (MO/DAY/YR): _____

Indiana Counselors: Please indicate by circling an item if the applicant has completed or is expected to complete:

APPLICANT IS EXPECTED TO COMPLETE (circle one): ACADEMIC HONORS - CORE 40 - GENERAL DIPLOMA - CERT OF ATTENDANCE

APPLICANT PASSED BOTH COMPONENTS OF THE GQE (circle one): YES or NO

APPLICANT IS A 21st CENTURY SCHOLAR (circle one): YES or NO

COMMENTS:

SIGNATURE: _____ DATE: _____

MAIL TO: INDIANA UNIVERSITY SOUTH BEND
OFFICE OF ADMISSIONS
PO BOX 7111
SOUTH BEND, IN 46634