Indiana University South Bend  
Office of Admissions  
Counselor Recommendation 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 making an appropriate admissions decision.

Counselor or Principal Information:  
HIGH SCHOOL:_________________________________CITY________________________STATE______ZIP__________
COUNSELOR’S NAME:_________________________________POSITION/TITLE:_________________
TELEPHONE NUMBER:______________________ EMAIL:_________________________________________________

Academic Information:  
GRADUATION DATE (MO/DAY/YR):____________________________________________
RANK IN CLASS:________SIZE OF CLASS:__________CUMULATIVE GPA:_________/__________

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Indiana Counselors: Please indicate by circling an item if the applicant has completed or is expected to complete:  
CORE 40 TECHNICAL HONORS ACADEMIC HONORS GENERAL DIPLOMA

Is this student a Twenty-first Century Scholar? Yes No

COMMENTS:  

(use back if necessary)

SIGNATURE:_________________________________DATE:_________________

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

Updated 11.5.2013