

SCHOOL REPORT

To the Applicant: After completing all the relevant questions below, give this form to your high school counselor or another school official who knows you better. Please also give that school official a stamped envelope addressed to **Arcadia University, Office of Enrollment Management, 450 S. Easton Road, Glenside, PA 19038.**

LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

ADDRESS

CITY STATE ZIP CODE DATE OF BIRTH

Term applying for: Fall 20____ Spring 20____

CURRENT YEAR COURSES

Please indicate title, level (AP, IB, advanced honors, etc.) and credit value of all courses you are taking this year.

IMPORTANT PRIVACY NOTICE

Under the terms of the Family Education Rights and Privacy Act (FERPA), you will have access to your recommendation after you matriculate unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. You waive your right to access below:
 - Yes, I do waive my right to access, and I understand I will never see this recommendation.
 - No, I do not waive my right to access and may someday choose to review this recommendation.

APPLICANT'S SIGNATURE

DATE

I authorize all secondary schools I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.

APPLICANT'S SIGNATURE

DATE

TO THE SECONDARY SCHOOL COUNSELOR

Attach applicant's official transcript, including courses in progress, a school profile, and transcript legend. (Please check transcript copies for readability.) After filling in the blanks below, use both sides of this form to describe the applicant. Please provide all available information for this candidate. Be sure to sign on the reverse.

CLASS RANK

_____ in a class of _____, covering a period from _____ to _____
The rank is weighted unweighted How many students share this rank? _____
 We do not rank. If a precise rank is not available, please indicate decile _____

CUMULATIVE GPA

_____ on a _____ scale, covering a period from _____ to _____
This GPA is weighted unweighted The school's passing mark is _____

Highest grade/GPA in class _____ Graduation date _____

Percentage of graduating class attending: _____ four-year _____ two-year institutions

Are classes taken on a block schedule? Yes No If yes, in what year did block scheduling begin? _____

If you offer AP courses, do you limit the number a student can take? _____

In comparison with other college preparatory students at our school, the applicant's course selection is:
 most demanding very demanding demanding average less than demanding

RATINGS

Compared to other students in his or her class year, how do you rate this student in terms of:

	No Basis	Below Average	Average	Good (above average)	Very Good (Well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
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"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION

Please write whatever you think is important about this student, including a description of academic, extracurricular, and personal characteristics. We welcome a broad-based assessment that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

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

What are the first words that come to you to describe this student?

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? Yes No

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? Yes No

If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

Check here if you would prefer to discuss this over the phone with the Office of Enrollment Management.

I recommend this student: With reservation Fairly strongly Strongly Enthusiastically

COUNSELOR'S NAME

TITLE

SCHOOL

SCHOOL ADDRESS

CITY

STATE

ZIP CODE

COUNSELOR'S PHONE NUMBER

COUNSELOR'S FAX NUMBER

SECONDARY SCHOOL CEEB/ACT CODE

COUNSELOR'S E-MAIL ADDRESS