

SECONDARY SCHOOL REPORT FORM

Instructions: Students should complete Section I and submit the form to their school counselor. Counselors should complete Section II and forward this form, along with the students' high school transcript, to Mount St. Joseph University.

Date:

SECTION I (to be completed by the student)

Name: _____
(Last, First, Middle)

Address: _____

Telephone: Home (_____) _____ Cell: (_____) _____

Date of Birth: _____ Email Address: _____

SECTION II (to be completed by the High School Counselor)

High School: _____ High School CEEB: _____

Counselor's Name: _____

Telephone: (_____) _____ Fax: (_____) _____

Email Address: _____

Percent of class attending: Four-Year _____ Two-Year _____ institutions

Provide Cumulative GPA on a 4.0 Scale: _____ Weighted _____ Unweighted _____

Student rank _____ in a class of _____ Not available

This student's course selection is: Most Demanding Demanding Average Below Average

SENIOR-YEAR COURSES (or attach schedule)

First Term:		Second Term:	
Course	Grade	Course	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Comments: _____

MOUNT ST. JOSEPH UNIVERSITY®

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