

COUNSELOR RECOMMENDATION/HIGH SCHOOL REPORT FORM

(First-year applicants only)

To the Applicant:

After completing the information below, please give this form to your high school counselor, principal or headmaster.

Legal student name _____
Last name First name Middle name

Mailing address _____
Number and street City/state/zip

High school _____

Transcript request form (to be signed by the applicant)

I authorize the appropriate officials at _____
(Name of high school)

to release to the Office of Admissions and Financial Assistance at Simpson College an official transcript of my academic record and test performance while a student at the above designated institution, as well as any other recommendations or information requested.

Student signature _____ Date _____

To the Secondary School Counselor:

The student listed above is applying for admission to Simpson College. This report is an important component of the evaluation process and we value your time and professional judgment of this applicant. Please complete both sides of this form to describe the applicant and attach an official transcript, including courses in progress. Be sure the transcript includes the latest class rank, grade point average and ACT and/or SAT results (including subscores). Please provide additional information that you feel might help the admissions committee in the evaluation of this student's potential.

Cumulative Grade Point Average and Rank in Class

This student ranks _____ in a class of _____

This rank covers a period from _____ to _____
Month/year Month/year

Applicant's Cumulative GPA: _____ Is this GPA weighted? Yes No

If the transcript reflects a grading scale other than a traditional four-point scale, please indicate the numerical equivalent for each letter grade:

A=_____ B=_____ C=_____ D=_____ F=_____

Are advanced placement or honors courses offered? Yes No

Please attach a school profile, if available.

Curriculum

Date of graduation _____

Of this student's graduating class: _____% will attend a four-year college

_____% will attend a two-year college

Please list the student's senior year courses if they do not appear on the transcript:

_____	_____
_____	_____
_____	_____
_____	_____

Please continue on other side >>>>>>>>>

Counselor Recommendation and Comments

In general, is the student's overall course selection among those available at your school:

Below average Average Demanding Very demanding Most demanding

In comparison to other college-bound students in your school, how do you rate this student in terms of:

	No Basis for Evaluation	Below average	Average	Good (above average)	Excellent (top 10%)	Outstanding (top 2 or 3%)
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership/involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/initiative	<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"/>

Please describe this student's potential for success at Simpson College: _____

Overall recommendation: Do not recommend Recommend with reservation Recommend Strongly recommend

Counselor's name _____

E-mail _____ Phone _____

School _____

Signature _____ Date _____

Thank you for your evaluation.
Please send requested information including this form to:

Office of Admissions and Financial Assistance
Simpson College
701 North C Street
Indianola, Iowa 50125

Telephone: 515-961-1624 • 800-362-2454 • Fax: 515-961-1870
Email: admiss@simpson.edu • www.simpson.edu

SIMPSON COLLEGE