



Secondary School Report Form

Instructions: Students should complete Section I and submit the form to their school counselor. Counselors should complete Sections II and III and forward the report form along with the respective admission application to Hamline University.

SECTION I (to be completed by student) *Optional

Student Name _____

Address _____
Street City State Zip

Date of Birth* _____

Email _____ Phone _____

I am applying for: Early Decision Early Action Regular Decision Other _____

I recognize the confidential nature of this document and I do don't waive my right to access.

Student's Signature _____ Date _____

SENIOR YEAR COURSES (if not included on transcript):

First Term:

Second Term:

| Course | Grade | Course | Grade |
|--------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SECTION II (to be completed by school counselor—include information only if not included in other student documents)

High School _____ High School CEEB _____

Address _____
Street City State Zip

Phone _____ Fax _____

Counselor's Name _____ Title _____

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

Grading scale: 4.0 100 Other _____ Passing grade is _____

Student's GPA: Weighted Unweighted

GPA includes (check all that apply): 9th Grade 10th Grade 11th Grade 12th Grade

Student ranks _____ in a class of _____ as of: 9th Grade 10th Grade 11th Grade
 12th Grade We don't rank

Is the student's course selection: Most Demanding Demanding Average Below Average

SECTION III *(to be completed by school counselor)*

Please comment on the following items, which reference the student's ability and character. Attach additional pages if more space is needed. A recommendation letter may replace Section III.

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student's ability? Yes No
If not, please describe the circumstances.

Counselor Statement:

Thank you.

Counselor's Signature _____ Date _____