

counselor recommendation and secondary school report

Student's name _____ Social Security number _____

Have your high school guidance counselor complete this section. *(Not required for transfer students.)*

Counselor name _____ Title _____

High school name _____ School CEEB code _____

Telephone number () _____ Fax number () _____ E-mail _____

Percentage of students who attend: four-year _____ two-year _____ institutions.

Grading scale: 4.0 100 Other _____ Passing grade is _____

Student's present G.P.A. _____ Weighted Unweighted

Grade point average 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 do not rank.

The student's curriculum is: Most demanding Demanding Below average
 Very demanding Average

Do you recommend this student for admission to Xavier University?

- Highly recommend Recommend with reservation Unable to judge Please call
 Recommend Do not recommend Prefer not to respond

COUNSELOR STATEMENT

(Please state any evidence to support your recommendation of this student using the space provided or using additional paper. Your comments should address the student's academic ability, personal character and all information relevant to the student's ability to perform college-level work.)

To the best of my knowledge, the information included in this application is complete and accurate.

Counselor signature _____ Date _____

Please include the school profile, application fee or alumni fee-waiver, official transcripts, and ACT or SAT results. Mail to:



Xavier University
Office of Admission
3800 Victory Parkway
Cincinnati, Ohio 45207-5311

Questions?
Call 800 344-4698, ext. 3301 or 513 745-3301

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