COUNSELOR RECOMMENDATION AND SECONDARY SCHOOL REPORT

(Freshman applicants only; a teacher recommendation may be substituted.)

Student's name
Social Security number (optional)

Have your high school guidance counselor complete this section.

Counselor name
Title

High school name
School CEEB code

Percentage of students who attend:
four-year institution
two-year institution

Grading scale:
☐ 4.0
ox 100
☐ Other
Passing grade is

Student's cumulative GPA
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.

Compared to other college-bound students at this school, the student’s curriculum is:
☐ Most demanding
☐ Very demanding
☐ Demanding
☐ Average
☐ Below average

Do you recommend this student for admission to Xavier University?
☐ Highly recommend
☐ Recommend
☐ Recommend with reservation
☐ Do not recommend
☐ Unable to judge
☐ Prefer not to respond
☐ Please call

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 fee-waiver, official transcripts and ACT or SAT results. Mail to:

Xavier University
Office of Admission
3800 Victory Parkway
Cincinnati, Ohio 45207-5131

Questions?
Call 877-XUADMIT (877-982-3648) or 513-745-3301
Fax 513-745-4319
xuadmit@xavier.edu

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