

Cornell College School Report

SECTION 1 (to be completed by first-year applicants)

Please complete the brief section below before giving this form to your secondary school counselor. Be sure to allow ample time for this person to respond before the deadline. Applicants are responsible for ensuring the arrival of all materials necessary to complete their applications, including transcripts and recommendations from guidance counselors and teachers. Please type or print.

Check your application plan.

Freshman Candidates Early Decision (November 1) Early Action (December 1) Regular Decision - Priority (Scholarship Deadline: February 1) Regular Decision (March 1)

Name of applicant _____
LAST FIRST MIDDLE (COMPLETE) EMAIL ADDRESS

Permanent address _____
NUMBER AND STREET CITY STATE ZIP

School _____
NUMBER AND STREET CITY STATE ZIP

Current Year Courses—Please indicate title, level, and term of all courses being taken this year. (Be sure to indicate whether a course is designated as honors, AP, or IB)

Fall Semester/First Term	Spring Semester/Second Term	Third Term
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's signature _____ Date _____

SECTION 2 (to be completed by secondary school counselor)

Please use this form to describe the applicant for admission. Feel free to send a letter or photocopied statement with this form if you wish to provide additional information. An official copy of the applicant's transcript should be included indicating class rank or grade point average, courses completed, current semester courses, record of testing to date, and designated honors or accelerated coursework. Include, if available, a school profile and transcript legend. The materials submitted in this report are subject to the provisions of the Family Educational Right and Privacy Act of 1974. Your recommendation will be used only for admission purposes and will not become part of the student's permanent record. Please return this form with an official transcript as soon as possible to: Office of Admission, Cornell College, 600 First Street SW, Mount Vernon, Iowa 52314-1098. We thank you for your time and effort in preparing this candidate's recommendation.

Academic Information

Applicant's date of high school graduation _____. Of this applicant's graduating class, ____% plan to attend a four-year college.

Applicant's rank _____ in a class of _____. Does more than one student have this rank? _____

If so, how many? _____ This rank covers the period from _____ to _____
MONTH/YEAR MONTH/YEAR

This rank is weighted. not weighted.

Applicant's GPA on a 4.0 GPA scale is _____/4.0. List the numerical equivalent for the following letter grades:
A _____ B _____ C _____ D _____ F _____

How would you characterize the curriculum pursued by this student compared to classmates?

Average or below Demanding Very demanding One of the most demanding possible

(OVER PLEASE)

Evaluation

Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

Ratings

Compared to other college-bound students in his or her secondary school class, how do you rate this student in terms of:

	No Basis	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few I've encountered in my career
Academic achievement							
Extracurricular accomplishments							
Personal qualities and character							
Creativity							

I recommend this student: With reservation Fairly strongly Strongly Enthusiastically

Counselor's name (please print or type) _____

Signature _____ Date _____

Position _____ School _____

Counselor's address _____ Counselor's e-mail _____

Counselor's phone (_____) _____ Counselor's fax (_____) _____
AREA CODE NUMBER EXT. AREA CODE NUMBER

High School CEEB/ACT Code _____

Please attach an official copy of this student's transcript and return directly to:

Office of Admission, Cornell College, 600 First Street SW, Mount Vernon, IA 52314-1098 Fax: (319) 895-4451

The candidate's application for admission will not be considered until this form is filed with the Office of Admission. Cornell College admits qualified students of any race, sex, color, national or ethnic origin, age, religion, sexual orientation, and disability. Cornell College is an affirmative action, equal opportunity institution.