

School Information Form

*This information is essential in evaluating the applicant.
Please answer each question as completely as possible.*



To be completed by the student.

Applicant Information

Last name: _____ First: _____ Middle: _____

Date of birth (month/date/year): _____

Important privacy note

By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Education Rights and Privacy Act (FERPA) so that my application may be reviewed by Ohio State. I further authorize the admissions officers reviewing my application to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf. I understand that under the terms of the FERPA, after I enroll I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless I waive my right to access, below.

- ☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
- ☐ No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to Ohio State.

Student signature: _____ Date: _____

To be completed by school principal or counselor.

Middle/ High school Information (please attach a copy of the applicant's middle/high school transcript)

Student State ID (SSID): _____

School name: _____ CEEB/ IRN code: _____

School type:

- ☐ Public ☐ Non-public ☐ Home school

If public: This student has filed a letter of intent to participate in College Credit Plus and is approved for funding.

- ☐ Yes ☐ No

If non-public or home school: This student will apply for College Credit Plus funding through the state of Ohio.

- ☐ Yes ☐ No

Submit this form to Undergraduate Admissions, The Ohio State University, 281 W. Lane Ave, Columbus, OH 43210.

ACT and SAT scores must be sent directly by the testing agency.

Academic Information

The applicant's high school rank is: _____ in a total class of _____ (Approximate if necessary)

Weighted GPA: _____ on a _____ scale

Unweighted GPA: _____ on a _____ scale

Is the applicant enrolled in a college preparatory curriculum? ☐ Yes ☐ No

In comparison with other college prep students at your school, please rank the applicant's course selection:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Most demanding | <input type="checkbox"/> Demanding | <input type="checkbox"/> Below Average |
| <input type="checkbox"/> Very demanding | <input type="checkbox"/> Average | <input type="checkbox"/> Prefer not to comment |

List the units in each academic area that the applicant needs to complete to meet high school graduation requirements.

English: _____	Math: _____	Natural Science: _____
Social Science: _____	Foreign Language: _____	Other: _____

Rating

Please rate this student on the following attributes:

	poor	below average	average	above average	exceptional
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation

What are the student's goals for participating? Describe the student's personal characteristics, including work habits, intellectual ability, persistence and ability to balance multiple commitments. These additional comments are an important part of the holistic review for the Columbus campus and are used when helping students select appropriate course work.

Attach additional pages if more space is required.

Certification: I have fully advised this student and his/her parent(s) or legal guardian(s) of the available options and ramifications involved in the College Credit Plus program.

Signature of person completing form: _____ Date: _____

Printed name: _____ Title: _____

Phone number: _____ Email address: _____

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