

# School Report

## Freshmen Only

### PART I: TO BE COMPLETED BY THE STUDENT APPLICANT

**Note to Student:** Promptly submit this form to your guidance counselor after completing the first six lines and signing the waiver of access.

**Student's Name** \_\_\_\_\_  
*Please print* *First* *Middle* *Last*

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Student's Address** \_\_\_\_\_  
*Number and Street* *City* *State* *Zip Code*

**Student's Home Phone Number** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Student's E-mail Address** \_\_\_\_\_

**High School** \_\_\_\_\_  
*School Name* *City* *State*

### WAIVER OF ACCESS

I have requested that this report be filed by school officials for use in the admissions process and in counseling by officials of The Catholic University of America. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to this report by checking one of the following options:

- ☐ I waive access to this report, which shall therefore be considered confidential.  
☐ I do not waive access to this report.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:** If the student has agreed to the waiver printed above, we will preserve strict confidentiality of this document, and it will be made available only to university officials. If the student has not agreed, this report will be made available to the student upon request, if the student matriculates at Catholic University.

### PART II: TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR

**Guidance Counselor:** The above-named student is applying for admission to The Catholic University of America. Please complete the back of this form as soon as possible.

#### Deadlines:

**Early Action** — Nov. 15, 2010

**Regular Decision** — Feb. 15, 2011

If a deadline falls on a weekend or official holiday, application materials must be postmarked by the next business day.

**Official Transcript:** Please attach a current, official transcript to this report including courses in progress. Please submit the student's standardized test results and any honors coursework (including AP) if it is listed separately from the transcript. If the transcript does not include your school's grading scale, please provide it as an attachment.

**Mailing Instructions:** Please mail the completed form and transcript to:

The Catholic University of America  
Office of Undergraduate Admissions  
Washington, DC 20064

**TO BE COMPLETED BY HIGH SCHOOL COUNSELOR (continued)****Class Rank**

This student ranks \_\_\_\_\_ out of a class of \_\_\_\_\_. Number of students who share this rank \_\_\_\_\_.

☐ Our school does not rank its students

**Grade Point Average**

Cumulative grade point average of \_\_\_\_\_ on a \_\_\_\_\_ scale. GPA is ☐ weighted ☐ unweighted

**Course Selection**

In comparison to other college preparatory students at this school, the applicant's course selection is

☐ most demanding ☐ very demanding ☐ demanding ☐ average ☐ not demanding

**Graduation Information**

Graduation date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Percentage of this candidate's graduating class planning to attend a four-year college \_\_\_\_\_%

**General Rankings**

Please rate the student realistically in comparison with your college preparatory students.

| Personal Characteristics      | Truly Outstanding | Excellent | Above Average | Average | Below Average | No Basis for Judgment |
|-------------------------------|-------------------|-----------|---------------|---------|---------------|-----------------------|
| Adaptability                  |                   |           |               |         |               |                       |
| Compassion                    |                   |           |               |         |               |                       |
| Demonstrated Leadership       |                   |           |               |         |               |                       |
| Leadership Potential          |                   |           |               |         |               |                       |
| Friendliness                  |                   |           |               |         |               |                       |
| Maturity                      |                   |           |               |         |               |                       |
| Motivation                    |                   |           |               |         |               |                       |
| Potential for Academic Growth |                   |           |               |         |               |                       |
| Respect Shown by Faculty      |                   |           |               |         |               |                       |
| Respect Shown by Peers        |                   |           |               |         |               |                       |
| Self-Discipline               |                   |           |               |         |               |                       |

I recommend this student ☐ Enthusiastically ☐ Strongly ☐ Somewhat Strongly ☐ Without Enthusiasm

SAT/ACT High School Code Number

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Guidance Counselor's Name \_\_\_\_\_

Guidance Counselor's Signature \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

*(Please Print Very Carefully)*

**Evaluation**

Please write here or attach under separate cover whatever you think is important about this student, including a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others.