



INDIANA UNIVERSITY
PURDUE UNIVERSITY
FORT WAYNE

OFFICE OF ADMISSIONS

High School Counselor Form

Name: _____ Birthdate: ____ / ____ / ____

This section is for current high school students only. (To be completed by the high school guidance counselor)

Please complete the information below and attach any other information that might help IPFW make an informed admission decision. Attach an official copy of the applicant's high school transcript, including courses in progress and SAT or ACT scores, and mail to:

IPFW Admissions
2101 East Coliseum Boulevard
Fort Wayne, IN 46805-1499
Fax 260-481-5450

The applicant ranks _____ in a graduating class of _____ students (rank calculated at the end of the ☐ sixth ☐ seventh ☐ eighth semester).

Applicant's cumulative grade-point average is _____ based on a ☐ 4.0 scale ☐ 12.0 scale ☐ other _____

Colleges where students will or have completed dual credit classes

_____	_____
_____	_____

Indiana residents only.



Please do not leave blank.

Applicant: Is pursuing CORE 40 Diploma	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is pursuing Academic Honors Diploma	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is pursuing Technical Honors Diploma	<input type="checkbox"/> yes	<input type="checkbox"/> no
Passed English End of Course Assessment	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> waiver
Passed Math End of Course Assessment	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> waiver
Is a Twenty-first Century Scholar	<input type="checkbox"/> yes	<input type="checkbox"/> no

Note: If senior-year courses in progress are not on the official transcript, a printout of the student's senior class schedule must be included.

Comments:

_____ Counselor's Signature	_____ Counselor's Name (Please Print)	_____ Date
--------------------------------	------------------------------------------	---------------

_____ High School	_____ CEEB Code Number	(_____)_____ Guidance Office Phone Number
----------------------	---------------------------	----------------------------------------------

_____ City	_____ State	_____ Guidance Counselor Email Address
---------------	----------------	-------------------------------------------

Accreditation: High school is (please check one) ☐ accredited by a state educational agency. ☐ not accredited by a state educational agency.