

THE UNIVERSITY OF GEORGIA
COUNSELOR/SCHOOL EVALUATION FORM

Required for First-Year, Joint Enrollment, and Advanced Enrollment Applicants

REQUIRED with PART I of the application.

Date Loaded _____

To the applicant Please complete the top of this form before giving the Counselor / School Evaluation form to your high school counselor. If your school's policy permits, please request that your counselor return the completed form to you along with an official transcripts in a sealed envelope for submission with your application for admission. Otherwise, please ask your counselor to mail the completed form and official transcript to the following address: **Office of Undergraduate Admissions; Terrell Hall; The University of Georgia; Athens, GA 30602-1633.**

Applicant's full name _____
LAST FIRST MIDDLE

Date Of Birth _____ / _____ / _____
MONTH DAY YEAR

High School _____ **City / State** _____

Note: All materials for admission consideration should be submitted as soon as possible, but no later than the postmark deadlines.

To the counselor / school official If you have any questions or concerns, please visit our Web site at www.admissions.uga.edu or contact a UGA admissions counselor at **706-542-8776**, selecting option #3 (for use by high school officials only).

Coursework If senior courses do not already appear on the student's transcript, please indicate the academic courses this student is taking this year, clearly denoting any Advanced Placement (AP), International Baccalaureate (IB), Honors, or college courses taken through joint enrollment or dual programs. If the student changes his or her schedule, he or she must notify the Office of Undergraduate Admissions immediately in writing.

Course Title	Level	Term	Lab?
English _____	_____	_____	Lab: <input type="checkbox"/> Yes
Mathematics _____	_____	_____	Lab: <input type="checkbox"/> Yes
Social Science _____	_____	_____	Lab: <input type="checkbox"/> Yes
Foreign Language _____	_____	_____	Lab: <input type="checkbox"/> Yes
Science _____	_____	_____	Lab: <input type="checkbox"/> Yes
Other _____	_____	_____	Lab: <input type="checkbox"/> Yes
Other _____	_____	_____	Lab: <input type="checkbox"/> Yes

Please list the name of the most advanced course(s) available to students in your school in each of the following academic areas:

English _____ Mathematics _____

Social Science _____ Foreign Language _____

Life Science _____ Physical Science _____

Approximate number of total students in last year's senior class _____

What is the maximum number of courses your students may take each term? _____

Does your school use block scheduling? Yes No If "Yes," since when? _____

Are AP, IB, and/or honors courses available in the curriculum at your school? Yes No

If "Yes," how many are Honors? _____ If "Yes," how many are AP/IB? _____

Is any weight added to individual course grades on the transcript rather than to the cumulative GPA? Yes No

If "Yes," please describe your school's weighting system.

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What percent of last year's graduating class attends a four-year college? _____ **two-year?** _____

Grading scale Indicate the lowest possible numeric grade for each letter grade below.

A _____ B _____ C _____ D _____

Curriculum difficulty Compared to other students at your school specifically, please rate the level of difficulty of the courses this applicant has attempted in grades 9-12 in each of the following core academic disciplines. (*Note: Please limit "Most Difficult" selection for those courses which you have listed above.*) Please select only within the checkboxes provided.

	<i>Below Average or Not College Prep</i>	<i>Average</i>	<i>Above Average</i>	<i>Advanced</i>	<i>Most Difficult</i>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreign Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is this student part of a magnet program? Yes No

How many AP or IB year-long credit courses will this student complete by graduation? _____

Class rank Please indicate this student's rank in class below, even if the rank is included on the student's official transcript.

This student ranks _____ in a class of

Please indicate rank to the nearest estimate from the top:

- 1st Decile 2nd Decile 3rd Decile 4th Decile 5th Decile
 6th Decile 7th Decile 8th Decile 9th Decile 10th Decile

Our school does not calculate class rank

Recommendation According to your professional judgment, please rate this student compared to their peers in this graduating class in your school in each of the following areas.

	<i>No bases for judgement</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average (Top 25%)</i>	<i>Advanced (Top 15%)</i>	<i>Outstanding (Top 5%)</i>
Academic achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-curricular involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to interact with different groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive impact at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character & integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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LAST FIRST

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Is there anything else you would like us to know about this student? Please feel free to attach an additional sheet or letter.

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Counselor's Signature _____ Date _____

Counselor's Printed Name _____ Title _____

School Name _____ CEEB _____

Email Address _____ Phone _____ Fax _____