



TO THE STUDENT

After completing the information below, please give this form to your high school guidance counselor.

Female
 Male

Student's name _____
Last/Family (Enter name exactly as it appears on official documents.) First/Given Middle (complete) Jr., Etc.

Birth Date _____ Social Security # _____
mm/dd/yyyy

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____

TO THE GUIDANCE COUNSELOR

Please complete this form and attach the student's official transcript.

Counselor's name (Mr./Ms./Dr., etc.) _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Title _____ School _____

School Address _____
City/Town State/Province Country ZIP/Postal Code

Counselor's phone (_____) _____ Counselor's fax (_____) _____
Area Code Number Ext. Area Code Number

Background Information

Class rank: _____ Class size: _____ Covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy)

Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____.
(mm/yyyy) (mm/yyyy)

Ratings Compared to other students in his or her class year, 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%) | Outstanding (top 5%) | One of the top few I've encountered (top 1%) |
|----------|----------------------------------|---------------|---------|----------------------|--------------------------------|---------------------|----------------------|--|
| | Academic achievement | | | | | | | |
| | Extracurricular accomplishments | | | | | | | |
| | Personal qualities and character | | | | | | | |
| | OVERALL | | | | | | | |

Please mail this form and the student's transcript to:

Cedar Crest College, Early College Program, The Center for Lifelong Learning, 100 College Drive, Allentown, PA 18104