

Please complete and return this form with transcript as soon as possible to:

# Wake Forest University

Office of Undergraduate Admissions • P.O. Box 7305 • Winston-Salem, North Carolina 27109-7305

## SECONDARY SCHOOL REPORT

APPLICATION ROUND
<input type="checkbox"/> EARLY DECISION
<input type="checkbox"/> EARLY ACTION
<input type="checkbox"/> EARLY DECISION II
<input type="checkbox"/> REGULAR

### REQUIRED FOR FIRST-YEAR APPLICANTS ONLY

#### Part I: To be completed by applicant:

Name: \_\_\_\_\_  
(Please print or type) Last First Middle

Candidate's date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State ZIP

School: \_\_\_\_\_  
Official Name CEEB School Code  
Number and Street City State ZIP

#### To the Applicant:

After you have completed the above and signed one of the statements in the box below, give this form to your principal, headmaster, college advisor or high school counselor.

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their education records, students waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the persons from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you the opportunity to sign one of the following statements.

I waive my right to examine this document. \_\_\_\_\_

I do not waive my right to examine this document. \_\_\_\_\_

#### Part II: To be completed by Principal or High School Counselor:

We value your comments highly and ask that you complete this form openly and honestly. Please use an additional sheet to describe the applicant. Send us an official transcript, and, if available, please send a school profile and transcript legend. (Please check transcript copies for legibility.) If senior-year courses are not included on the transcript, please attach a copy of the senior schedule. When counseling Early Decision applicants, please include the student's senior-year course selection—if available. The application will not be complete without this form.

#### Deadlines

Please file this report as soon as possible after you receive it and, in any case, not later than January 1 (or Early Decision I and Early Action candidates, by the November 15 deadline). Late filing will make careful consideration more difficult.

Our test optional policy requires us to place more emphasis on curriculum and academic rank. Please provide the following:

Student's grade point average: \_\_\_\_\_ out of a maximum \_\_\_\_\_. \_\_\_\_\_ WEIGHTED \_\_\_\_\_ UNWEIGHTED

Student's class rank \_\_\_\_\_ in a class of \_\_\_\_\_ students. \_\_\_\_\_ WEIGHTED \_\_\_\_\_ UNWEIGHTED

This rank covers a period from \_\_\_\_\_ (mo./yr.) to \_\_\_\_\_ (mo./yr.). How many students share this rank? \_\_\_\_\_

If a precise rank is unavailable, please provide one of the following. If no rank information is provided, you may be contacted for more information.

I. Rank to the nearest estimate from the top: \_\_\_\_\_ DECILE OR \_\_\_\_\_ QUINTILE

II. GPAs of class: \_\_\_\_\_ HIGHEST

\_\_\_\_\_ MID

\_\_\_\_\_ LOWEST

Of this candidate's graduating class, \_\_\_\_\_% plan to attend a four-year college.

How long have you known the applicant? \_\_\_\_\_ In what context have you known the applicant? \_\_\_\_\_

Has this student been placed on probation, suspended (in or out of school) or dismissed from any high school? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, please explain. \_\_\_\_\_

How many AP courses are offered at your high school? \_\_\_\_\_ Are students limited in the number of AP courses they take? \_\_\_\_\_

Does your school have an International Baccalaureate program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, will this student graduate with an:

- \_\_\_\_\_ IB Diploma
- \_\_\_\_\_ IB Certificate
- \_\_\_\_\_ Neither

How would you describe the calibre of this student's academic program compared to the most rigorous program available at your high school?

\_\_\_\_\_ STANDARD \_\_\_\_\_ RIGOROUS \_\_\_\_\_ MOST RIGOROUS (in some areas) \_\_\_\_\_ MOST RIGOROUS (in all areas)

Please complete the following ratings, keeping in mind that they are used to compare this applicant to other highly capable students.

	Unable to Judge	Weak 1	2	3	4	Strong 5
Love of Learning						
Integrity/Character						
Intellectual Curiosity						
Motivation/Initiative						
Judgment						
Reaction to Setbacks						
Faculty/Community Respect						
Openmindedness						

**Senior Year Courses**

Course Title	Level (AP, IB, Advanced Honors, etc.)	Length of course (semester long, year long)

Name of Counselor: \_\_\_\_\_  
Last First Middle

Position: \_\_\_\_\_ School: \_\_\_\_\_

School address: \_\_\_\_\_

Office telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Area Code / Number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On a separate sheet, we would welcome additional information that would help us differentiate this student from others.