

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

REQUIRED FOR FIRST-YEAR APPLICANTS ONLY

___ EARLY DECISION

EARLY ACTION

____ EARLY DECISION II

REGULAR DECISION

Part I: To be completed by applicant:

Birth date: _____/_____/_____
Month Day Year

Address: _____

Number and Street	City	State	ZIP
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School: _____

Official Name	CEEB School Code
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Number and Street	City	State	ZIP
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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
1	10	10	100	100
2	10	20	50	50
3	10	30	33.3	33.3
4	10	40	25	25
5	10	50	20	20
6	10	60	16.7	16.7
7	10	70	14.3	14.3
8	10	80	12.5	12.5
9	10	90	11.1	11.1
10	10	100	10	10

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
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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 caliber 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: _____

Phone: _____ Ext: _____ E-mail address: _____

School address: _____

Office telephone: _____
Area Code / Number

Signature: _____ Date: _____

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