

GUIDANCE COUNSELOR

OFFIC

MARIETTA,

APPLICANT

Please complete the top four lines of the report and give it to your guidance counselor for completion. We have enclosed an envelope on which we suggest you place a stamp and then give to your counselor for the return of this information.

KEPOKI	N
(REQUIRED)	F

Name				
	last	first	middle initial	
Permanent Address				
		number and street		
town/city		county	state	zip
Phone (_)			
Social Security #		//		

GUIDANCE COUNSELOR

Please complete this report and return it to us at the address at bottom left. You should enclose a transcript which includes courses in progress. Notation of honors, accelerated, or Advanced Placement courses is requested. Test results, such as scores on SAT I/II and ACT tests should also be included. If possible, we would appreciate your sending us an explanation of the grading system your school uses and a school profile. Confidentiality: Your comments will be held in strictest confidence during the selection process and they will not become part of the applicant's file if he/she matriculates at Marietta College.

	Name Position
	Secondary School
	School Address
	E-mail Address
	Office Telephone/ School CEEB/ACT Code
	The candidate's grade point average (G.P.A.) is on a 4.0 scale.
	This candidate ranks from the top in a class numbering
MARIETTA COLLEGE	If precise rank is not available, please indicate rank to the nearest tenth from the top
FFICE OF ADMISSION	This rank is (check one) \Box weighted \Box not weighted. If your school does not rank, please check. \Box
215 FIFTH STREET	Of this candidates graduating class,% plan to attend a four-year college.
TA, OHIO 45750-4005	
740-376-4600	Is the curriculum pursued by this candidate (check one): \Box average \Box demanding \Box unusually demanding
800-331-7896	
FAX 740-376-8888	In what context(s) have you known the applicant?

PROFICIENCY EXAMINATIONS

□ This student has passed the proficiency tests required by our school district/county/state/etc.

□ This student did not pass the following proficiency tests required by our state.

□ Our state does not require proficiency examinations.

EVALUATION

Please write a candid evaluation of the applicant. We welcome all information that will help us gauge the academic potential of this candidate and differentiate him/her from others.

RATINGS

Please evaluate this candidate in comparison to other college-bound students you have encountered using the following scale:

1 — Truly Outstanding	2 — Excellent (top 10%)	3 — Good (above avera	age) 4 — Average 5 — Belov	v Average
Genuine interest in learning	ng		Self-confidence	
Academic potential			Emotional maturity	
Commitment to a rigorou college preparatory curric			Seriousness about the entire college selection process	
Leadership			Respect accorded by the faculty	

SIGNATURE				_ DATE
I recommend this stud	ent			
□ enthusiastically	□ strongly	\Box fairly strongly	\Box with reservation	
□ You may call me for additional information				

REMINDER: PLEASE RETURN AS SOON AS POSSIBLE, BUT NOT LATER THAN NOVEMBER 15 FOR EARLY ACTION OR APRIL 1 FOR ROLLING ADMISSION.