High School Counselor Evaluation Form

To expedite the review process, please make every effort to mail all materials together in one envelope.

Applicant Name _______________________________________________ DOB __________________

Home Address ______________________________________________________________________

Confidentiality
In accordance with the 1974 Family Education Rights and Privacy Act, matriculating students have access to their permanent files, which may include forms such as this one. Colleges do not provide access to admissions records to applicants, those students who are denied admission or those students who decline an offer of admission.

Instructions for High School Counselor
Please confirm your student has successfully applied to Widener University. Complete this evaluation in its entirety and attach applicant’s official transcript, courses in progress, school profile and any additional pages as deemed necessary. Your comments will be considered when making admission and scholarship decisions.

Student cumulative GPA is ___________ on a ___________ scale. This GPA is □ Weighted □ Unweighted

This student ranks ___________ in a class of ___________. □ We do not rank

Lowest passing numerical grade ___________. Length of time I have known student _______________________.

Curriculum Rating: □ Most Demanding □ Demanding □ Average □ Less Demanding

SAT-I/ACT SCORE RECORD

The attached transcript includes: □ SAT □ ACT □ Scores will be sent by testing agency

Please rate the applicant in the following areas:

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<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>No Basis for Judgment</th>
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<td>Academic Potential</td>
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I recommend this student: □ Enthusiastically □ Strongly □ Fairly Strongly □ With Reservation

High School ____________________________________________ CEEB Code ______________________

Guidance Phone_________________________________________ FAX ____________________________

Counselor’s Printed Name _________________________________________________________________

Email Address _________________________________________________________________

Counselor’s Signature __________________________________________ Date ___________________