



STUDENT

Please answer questions 1 through 7 before giving this form to your counselor.

1. Name: Last First M.I. Maiden

2. Home address: number and street

City State Zip 3. Gender: Male Female

4. Social Security Number: - - 5. Name of parent/guardian:

6. Secondary school: 7. CEEB Code:

Secondary school location (city/state):

COUNSELOR OBSERVATIONS

8. Entrance date: / / Applicant graduated / will graduate / withdrew on / /

9. Applicant ranks: in a graduating class of Is rank weighted? Yes or No

Cumulative GPA: Is GPA weighted? Yes or No School minimum passing grade:

10. How long have you known this student?

11. Rate the strength of the student's four-year curriculum:

Most demanding Demanding Average Less than demanding

12. Counselor's estimate of future success at Siena based on intended program of study:

Superior Above average Average May encounter difficulty Little success

13. Counselor's overall recommendation:

Recommended enthusiastically Recommended
 Not recommended for this college Prefer not to make recommendation

14. Please enclose a school profile with this form.

COUNSELOR COMMENTS

15. Please include any information that you feel is relevant to the student's application to Siena College.

Counselor's Name

E-mail

Signature

Telephone ()

Title

Date

Please forward this information to:
Assistant Vice President for Admissions
SIENAc^ollege
515 Loudon Road
Loudonville, NY 12211-1462



STUDENT Please answer questions 1 through 5 before giving this form to your counselor.

1. Name: Last First M.I. Maiden

2. Social Security Number: - - Gender: Male Female

4. Secondary school: 5. CEEB Code:

Secondary school location (city/state):

MIDYEAR TRANSCRIPT

6. Applicant ranks: in a graduating class of Is rank weighted? Yes or No

7. As soon as grades are available, attach a transcript to this form to report the applicant's grades for the first term of the current school year. Indicate if any are final grades, and note scores from any external examinations (e.g., New York State Regents examinations, International Baccalaureate).

CHANGES IN THE RECORD

8. We are interested in any significant additions to or changes in the student's academic, extracurricular, or character record since the secondary school report was submitted. Use the space below for your comments.

Counselor's Name

E-mail

Signature

Telephone ()

Title

Date

Please forward this information to:
Assistant Vice President for Admissions
SIENAc^ollege
515 Loudon Road
Loudonville, NY 12211-1462