

# 2006-2007 MIDYEAR REPORT

## TO THE APPLICANT

MR-1/2006-2007

## RATINGS

If any of the information in this section has changed for this student since the School Report was submitted, please enter the new information in the appropriate space below. If nothing has changed, you may leave this section blank.

Compared to other students in his or her class year, how do you rate this student in terms of:

No basis		Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
	Academic achievement							
	Extracurricular accomplishments							
	Personal qualities and character							
	Overall							

## EVALUATION

If your recommendation for this student has changed since the School Report was submitted, please comment in the space below or on a separate sheet of paper. If nothing has changed, you may leave this section blank.

If any of the information below has changed for this student since the School Report was submitted, please enter the new information in the appropriate space below. If nothing has changed, you may leave this section blank. However, you must print your name and sign below.

① Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? ☐ Yes ☐ No

② To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? ☐ Yes ☐ No

If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

☐ Check here if you would prefer to discuss this over the phone with each admission office.

**I recommend this student:** ☐ With reservation ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

Counselor's name (Mr./Ms./Dr., etc.) \_\_\_\_\_  
*Please print or type*

 \_\_\_\_\_  
*Signature* *Date*

Title \_\_\_\_\_ School \_\_\_\_\_

School address \_\_\_\_\_  
*City or Town* *State/Province* *Country* *Zip/Postal Code*

Counselor's phone (\_\_\_\_\_) \_\_\_\_\_ Counselor's fax (\_\_\_\_\_) \_\_\_\_\_  
*Area Code* *Number* *Ext.* *Area Code* *Number*

Secondary school CEEB/ACT code \_\_\_\_\_ Counselor's e-mail \_\_\_\_\_