## Application to Augustana College | Rock Island, Illinois

## School Report

Please type or print in black ink.

Atter filling in the information below, give this form to your guidance counselor.  Student Name Last/Family First Middle (complete) Jr., etc.  Address	To the	e applicant						
Last/Family First Middle (complete) Jr., etc.  Address	After fillin	g in the information bel	ow, give this form to	your guidance counselor.				
City and State  City or Town State ZIP Country  Birthdate Gender Social Security No.  mm/dd/yy Gender Social Security No.  mm/dd/yy Optional  Current year courses  Please indicate title, level (AP, IB, advanced honors, etc.) and credit value of all courses you are taking senior year.  First semester/trimester Second semester/trimester Third trimester  To the secondary school guidance counselor  Attach applicant's official transcript, including courses in progress, school profile and transcript legend. (Please check transcript copies for readability). After filling in the blanks below, use both sides of this form to describe the applicant. Please provide all available information. Be sure to sign below.  Counselor Name  Position School  Address  E-mail  Phone Area Code Number  Fax Area Code Number	Student N	lame Last/Family		First	Middle (complete)	Jr., etc.		
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Birthdate Gender Social Security No.  Birthdate Area Code Number  Social Security No.  Social Security No.  Social Security No.  optional  Social Security No.  optional  Social Security No.  optional  Social Security No.  optional  To the secondary school guidance read of all courses you are taking senior year.  First semester/trimester Second semester/trimester Third trimester  To the secondary school guidance counselor  Attach applicant's official transcript, including courses in progress, school profile and transcript legend. (Please check transcript copies for readability.) After filling in the blanks below, use both sides of this form to describe the applicant. Please provide all available information.  Be sure to sign below.  Counselor Name  Position  School  Address  E-mail  Phone Area Code  Number  Number	/ .u.u. 000		treet					
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Address	Counselor	r Name						
E-mail	Position_			School				
Phone         Area Code	Address_							
Fax Area CodeNumber	E-mail							
	Phone	Area Code		Number				
High School CEEB/ACT Code	Fax	Area Code		Number				
	High Scho	ool CEEB/ACT Code						

## Augustana College

Class Rank in a class of			_, coverir	ng a perio	d from _			to	
H.S. graduation date			_						
The rank is weighted	_ unweig	hted. Ho	ow many	students	share thi	s rank?_			
If a precise rank is not available, please	indicate r	ank to th	ne neares	st tenth fr	om the to	op			
Cumulative GPA on a_		sca	ale, cover	ing a peri	od from			to	
This GPA isweightedunweigh	ted TI	he schoo	ol's passir	ng mark i	S				
Percentage of graduating class attending	g college:	:		four-yea	r		_ two-yea	ar	
In comparison with other college prepar	atory stud	dents at	our scho	ol, the ap	plicant's	course se	election is	5:	
most demandingvery demandi	ngd	lemandir	nga	verage _	less th	han avera	ge		
Are classes taken on a block schedule?	Yes	No	If yes, ir	n what ye	ar did blo	ck sched	uling beg	in?	
Evaluation									
Please write whatever you think is impo particularly interested in the candidate's capacity for growth, special talents, enth information that will help us differentiat	intellect nusiasm, o	ual prom concern	nise, moti for other	ivation, in s, respec	tegrity, ir t accorde	ndepende d by facu	nce, origi Ity and re	nality, initiative, le action to setbacks	adership potential,
How long have you known this student a	nd in wha	nt contex	t?						
What are the first words that come to yo	ur mind to	o descril	be this st	udent?					
That are the met not us that some to je	aa.	0 0000111							
Ratings									
0—No Basis 1—Below Average 2—A 5—Excellent (top 10%) 6—Outstanding	-			-	-			average)	
Compared with other college-bound stu	dents in h	nis or he	r seconda	ary schoo	l, how do	you rate	this stude	ent in terms of:	
Academic achievement	0	1	2	3	4	5	6	7	
Extra-curricular accomplishments	0	1	2	3	4	5	6	7	
Personal qualities and character	0	1	2	3	4	5	6	7	
Creativity	0	1	2	3	4	5	6	7	
I recommend this student:with rese	ervation	fairly	strongly	stro	ngly	_enthusia	astically		

**CONFIDENTIALITY** We highly value your comments and ask that you complete this form in the knowledge that it may remain in the student's file should the applicant enroll at Augustana College. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files, which may include forms such as this one. Unless required by state law, colleges may not provide access to admissions records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation.

Augustana College administers its education programs under its policy that all admissions criteria, services, programs, employment and housing shall be maintained at all times on a non-discriminatory basis with regard to age, sex, race, color, disability, sexual orientation, religion, national origin, ancestry, physical or mental handicap, military status or unfavorable discharge from military status in employment.

The admission process at private undergraduate institutions is exempt from the federal regulation implementing Title IX of the Education Amendment of 1972.