COUNSELOR EVALUATION

To be completed by High School Counselor

Required for all freshmen and transfers who have been out of high school for 2 years or less.

I hereby waive all access to the information on this evaluation: Signature of Applicant Date					NOTE TO HIGH SCHOOL COUNSELOR Please complete this form and send with an official transcript, your high school profile, and grading scale to: Creighton University Office of Undergraduate Admissions 2500 California Plaza Omaha, Nebraska 68178-0306			
Applicant's Name					Social Security N	umber		
Applicant's AddressNur	nber/Street				City/State/Zip			
High School Name								
High School Address					O:t-/Ot-t-/7:			
	nber/Street udent ranks De	exactly \square	approximately		City/State/Zip _from the top of a	a class numbering	g students.	
This rank covers the period from		-						
Cumulative grade point average	of student is —	on a	a		scale.			
How long have you known this	student?		In what capac	ity?				
Check the most appropriate	No basis for	Below			Excellent	Outstanding	One of the few encountered	
box concerning this student	judgement	average	Average	Good	(top 10%)	(Top 2 or 3%)	in my career	
1. Creative, original thought								
2. Academic motivation								
3. Independence, initiative								
4. Intellectual ability								
5. Academic achievement								
6. Academic potential								
7. Extracurricular involvement								
8. Leadership								
9. Emotional maturity								
10. Overall								

Please evaluate this applicant based on academic performance, consistency and potential. Personal characteristics are of interest as they relate to to applicant's academic ability and potential to succeed at Creighton. Include any special circumstances relevant to this student's application. Please avoid listing the student's extracurricular activities as they are listed elsewhere in the application. You may attach a separate sheet.

Teacher recommendations are also welcome. Please attach a separate sheet for teacher recommendations.

Counselor's Name and Title (Please print)			
High School			CEEB Code Number
High School Address		_ Phone <u>()</u>	
E-mail Address	@		
Signature			



Thank you for your time and professional judgement in evaluating this applicant.