



High School Record Form

Please type or print

TO THE FRESHMAN OR TRANSFER APPLICANT: Complete the top portion of this form and give your guidance counselor, college adviser, or registrar.

☐ Mr. _____

☐ Ms. _____ First _____ MI _____ Last Name _____

Social Security number _____ / _____ / _____ Maiden name _____

address _____

city _____ state _____ zip _____

I ☐ waive ☐ retain my right to access this recommendation.

Applicant's signature _____

TO THE GUIDANCE COUNSELOR OR REGISTRAR: Please provide the information below and attach this form to an official copy of the student's transcript and testing record.

Cumulative GPA (4.0 scale): _____

Class rank: _____ in a class size of _____. Is a class rank ☐ weighted or ☐ unweighted?

If class rank is not available, in what quintile of the class would you place this student? _____ quintile (1 is high)

What percent of this class is/was four-year college-bound? _____ %
two-year college-bound? _____ %

Overall evaluation of this student's college potential:

☐ I highly recommend. ☐ I recommend with reservation.

☐ I recommend. ☐ I do not recommend this student for admission to Elmhurst College.

Please feel free to add written comments on the back of this form.

Signature _____ Date _____

name _____ title _____

school name _____

address _____ city _____ state _____ zip _____

(_____) _____ If you are an Elmhurst College alumnus/a, indicate class year. _____

phone _____

Please return to: Elmhurst College, Office of Admission, 190 Prospect Avenue, Elmhurst, Illinois 60126-3296, (630) 617-3400

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