



DETACH AND RETURN TO:
 FRANKLIN COLLEGE
 OFFICE OF ADMISSIONS
 501 EAST MONROE STREET
 FRANKLIN, IN 46131

TO THE STUDENT APPLICANT

It is your responsibility to complete the applicant information and deliver this form to your high school guidance counselor.

Legal name: _____ Year of graduation: _____
Last First Middle

Address: _____

High School: _____ Counselor's name: _____

TO THE GUIDANCE COUNSELOR

The student named above is a candidate for admission to Franklin College. The Enrollment Committee bases its decision upon the candidate's academic and personal record in the secondary school or college, his/her scores on the SAT and/or ACT, and his/her standing in the community. Please complete this recommendation form and forward it along with an official grade transcript to the address above.

School name: _____ CEEB Code: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ ZIP code: _____ County: _____

Percentage of class attending: Four-year _____ Two-year _____ Please indicate grading scale: _____

Student's GPA: _____ Is the GPA weighted? Yes ____ No ____ Does the school rank students? Yes ____ No ____

If yes, what is the student's rank? _____ in a graduating class of _____

In comparison to other college-bound students at your school, would you say the applicant's course selection is:

☐ Most demanding ☐ Demanding ☐ Average ☐ Below average

SAT Scores

Date _____ V _____ M _____

Date _____ V _____ M _____

ACT Scores

Date _____ EN _____ M _____ READ _____ SCI _____ COMP _____

Date _____ EN _____ M _____ READ _____ SCI _____ COMP _____

(continued on reverse side)

FOR STATE OF INDIANA APPLICANTS:

Is the student expected to graduate with an Indiana Academic Honors Diploma?

☐ Yes☐ No

Will the student complete CORE 40?

☐ Yes☐ No

Has the student successfully passed the ISTEP examination?

☐ Yes☐ No

Is the student expected to graduate as a 21st Century Scholar?

☐ Yes☐ No

Please list student’s senior class schedule, indicating AP classes:

FALL SEMESTER	SPRING SEMESTER

How does this student rank among other students? Please check the most appropriate box:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	NO JUDGMENT
Academic achievement						
Leadership						
Emotional maturity						
Respect from teachers						
Respect from peers						
Personality						

Please provide a brief comment on the following items. Attach additional pages if needed:

Academic Ability:

Personal Character:

I recommend this student:

☐ Strongly

☐ Fairly strongly

☐ With reservations

☐ Not recommended

Name: _____ Phone: (____) _____

Signature: _____ Date: _____