

HIGH SCHOOL COUNSELOR REPORT FORM

Instructions - This form is to be completed by the high school counselor (or principal). Please mail the completed form along with an official copy of the student's high school transcript to:

**Office of Admission
Truman State University
100 East Normal
Kirksville, MO 63501**

Student's Name: _____ **SS#** _____ - _____ - _____
Last First Middle

High School: _____
High School Name City State

HS ACT Code: _____

Student's Academic Information

Class Rank: _____ out of _____ seniors at the end of _____ semesters

Cumulative GPA: _____ on a _____ scale

	English	Math	Reading	Science Reasoning	Composite	Date Taken (mo/yr)
ACT						

	Critical Reading	Math	Date Taken (mo/yr)
SAT			

Is this student participating in and expected to complete the Missouri A+ Schools Program? Yes No

Is this student a candidate for the International Baccalaureate (IB) Diploma? Yes No

How would you rate this student's prospects for success at Truman?

Doubtful of success Below Average Average Above Average Outstanding

Please present any additional information of value in an admission decision regarding this student:

Name & Title of HS Official (Please Print): _____

Email: _____ @ _____

Phone: (_____) _____

Signature: _____ **Date:** _____