Secondary School Report Form

**Instructions:** Students should complete Section I and submit the form to their school counselor. Counselors should complete Sections II and III and forward the report form along with the respective admission application to Hamline University.

**SECTION I (to be completed by student) *Optional**

Student Name  
_______________________________________________________________________________________________________________________________________________________

Address  
Street  City  State  Zip  
_________________________________________________________________________________________________________________________________________________________________

Date of Birth*  
________________________________________________________________________________________________________________________________________________________

Email  Phone  
____________________________________________________________________  ______________________________________________________________________________________

I am applying for:  □ Early Decision  □ Early Action  □ Regular Decision  □ Other________________________

I recognize the confidential nature of this document and I  □ do  □ don’t waive my right to access.

Student’s Signature  _________________________________  Date  __________________

**SENIOR YEAR COURSES (if not included on transcript):**

**First Term:**  
Course  Grade  
______________________________________________________________________________

**Second Term:**  
Course  Grade  
______________________________________________________________________________

**SECTION II (to be completed by school counselor—include information only if not included in other student documents)**

High School  
______________________________________________________________________________________________

Address  Street  City  State  Zip  
_________________________________________________________________________________________________________________________________________________________________

Phone  Fax  
____________________________________________________________________  ______________________________________________________________________________________

Counselor’s Name  _________________________________  Title  _________________________________

Percentage of class attending: Four-Year___________  Two-Year___________ institutions

Grading scale:  □ 4.0  □ 100  □ Other _______________  Passing grade is _______________

Student’s GPA:  □ Weighted  □ Unweighted

GPA includes (check all that apply):  □ 9th Grade  □ 10th Grade  □ 11th Grade  □ 12th Grade

Student ranks _____________ in a class of _____________ as of:  □ 9th Grade  □ 10th Grade  □ 11th Grade  □ 12th Grade  □ We don’t rank

Is the student’s course selection:  □ Most Demanding  □ Demanding  □ Average  □ Below Average

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Please comment on the following items, which reference the student’s ability and character. Attach additional pages if more space is needed. A recommendation letter may replace Section III.

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student’s ability? □ Yes  □ No
If not, please describe the circumstances.

Counselor Statement:

Thank you.
Counselor’s Signature __________________________ Date ________________________________