

STETSON UNIVERSITY

SECONDARY SCHOOL COLLEGE ADVISOR EVALUATION (For First Year Applicants Only)

Please return this form to Office of Admissions, Stetson University, 421 N. Woodland Blvd, Unit 8378, DeLand, Florida 32723.

APPLICANT After completing the top portion of this form, please give the form to your college advisor.

Student name: _____
First Middle (complete) Last Jr. etc.

Address: _____
Street City/Town Country/Nation Postal Code

Social Security # - - (if applicable)

Current Year Courses—Please indicate title, level, and term of all courses you are taking this year:

COURSE	CXC or GCSE ["A", "O" Level]	TERM (Full year, semester, trimester)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

TO THE SECONDARY SCHOOL COLLEGE ADVISOR

After filling in the blanks below, use both sides of this form to describe the applicant.

This candidate ranks _____ in a class of _____ students and has a cumulative grade point average of _____ on a _____ scale.

The rank is weighted unweighted. The grade point average is weighted unweighted.

The rank covers a period from _____ to _____. If a precise rank is not available, please indicate rank to the nearest tenth from the top.
mm/yy mm/yy

How many students share this rank? _____ Of this candidate's graduating class, _____% plan to attend a four-year college.

In comparison to other college preparatory students at our school, the applicant's course selection is:

most demanding demanding average less demanding

How long have you known the applicant, and in what context? _____

What are the first words that come to your mind to describe the applicant? _____

Counselor's name: _____ E-mail Address: _____ @
(Please print or type)

Title: _____ School: _____

School Address: _____
Street City/Town Country/Nation Postal Code

Office telephone: _____ Date: _____
Country Code Number

Office fax: _____ School CEEB/ACT code:
Country Code Number (See reverse side)

COUNSELOR'S EVALUATION

Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will help us to differentiate this student from others and/or understand any inconsistencies in performance.

RATINGS

Compared to other college-bound students whom you have counseled, check how you would rate this student in terms of academic skills and potential:

No Basis	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the Top Few Encountered in My Career
Creative, original thought						
Motivation						
Independence, initiative						
Intellectual ability						
Academic achievement						
Written expression of ideas						
Effective class discussion						
Disciplined work habits						
Potential for growth						
SUMMARY EVALUATION						

Counselor Signature _____ Date _____

Attach applicant's official grade report, including courses in progress. Include, if available, a school profile and grade legend. Please return to Office of Admissions, Stetson University, 421 N. Woodland Blvd, Unit 8378, DeLand, Florida 32723.

Should you have any questions, please contact us by phone at 386-822-7100 or e-mail us at admissions@stetson.edu