

Secondary School Report: First Year Students Only

Applicant:

After filling in your name and address below, give this form to your guidance counselor or college advisor.

Applicant's Name

Permanent Home Address

City

State

Zip Code

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Telephone Number

Email Address

Guidance Counselor:

The Admissions Committee would like to consider the personal qualities of applicants as well as academic achievement. For that reason, we ask that you fill in this form or provide the information in your own format. **Please attach the school transcript, school profile, and mid-year grades, when available.** Your time is greatly appreciated.

Return this form to:

**Office of Admissions
Lesley College
29 Everett Street
Cambridge, MA 02138**

Counselor's Name

Position

School

School Address

City

State

Zip Code

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Office Telephone

School Fax Number

Counselor's Email

Class Rank

This candidate ranks _____ in a class of _____ students. If a precise rank is not available, please indicate the rank to the nearest tenth from the top.

This rank covers a period from _____ to _____.
(Month/Year) (Month/Year)

Of this candidate's graduating class ____% plan to attend a four-year college.

Course Selection

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

Most demanding Very demanding Demanding Average Less than demanding

Does your school use a version of block scheduling? Yes No

(Note: the material submitted is subject to the provisions of the Buckley Amendment.)

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How long and in what context(s) have you known the applicant?

Please comment on the applicant's academic ability and potential for success in college.

Please describe any special abilities or talents the applicant possesses.

We are interested in any additional information you wish to share with us regarding this candidate for admission.

Optional

I recommend this student:



With reservation



Fairly Strongly



Strongly



Enthusiastically

Guidance Counselor's Signature

Date