

Secondary School Report



PLEASE TYPE OR PRINT in the information below and return this form to:

University of Mary Washington • Office of Admissions • 1301 College Avenue • Fredericksburg, Virginia 22401-5300

Applicant's Legal Name _____
Last/Family First Middle/Former

Birthdate (Required)

mm	dd	yy
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Applicant's Address _____
Number and Street

City or Town _____ State _____ Country _____ Zip Code or Postal Code _____

To the Counselor: This student has applied to the University of Mary Washington and was requested to grant permission for academic credentials to be sent to the University. As much information as possible is essential if the student is to be given fair consideration. Please attach an official transcript, test record, and school profile to this form and return it to the Office of Admissions and Financial Aid.

This candidate ranks _____ in a class of _____ students.

If precise rank is not available, please indicate rank to the nearest tenth from the top _____.

The rank covers a period from _____ to _____.

Is this rank weighted? Yes No How many share this rank? _____

This applicant's grade point average (GPA) is _____ on a scale of _____.

Is this GPA weighted? Yes No

Candidate's program is: most demanding very demanding demanding average

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

How long have you known this candidate? _____

In what context(s) have you known the applicant?

COUNSELOR'S INFORMATION

Name _____
Please Print Name

Counselor's Signature _____

Position _____ School _____

School Address _____
Number and Street

City or Town _____ State _____ Country _____ Zip Code or Postal Code _____

Office Telephone Number (_____) _____ E-mail address _____
Area Code Number

Please see reverse side.

COMMENTS

Please provide any additional remarks about the student which would be helpful to the Committee on Admissions. You may use the space below to provide information or attach a separate sheet.