

## TO THE STUDENT

**FRESHMAN APPLICANTS:** Please complete this section. Your school counselor will complete and postmark this form no later than **December 1**.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE APPLICATION SUBMITTED ONLINE \_\_\_\_\_

I waive my right of access to this form and recommendations.  I do not waive my right of access to this form and recommendations.

## FOR THE SCHOOL COUNSELOR

**Academic data requested:** A certified copy of the applicant's record should be attached to this form. If you have any questions please call **(414) 288-7302**.

**High School ETS (SAT/ACT) code:** \_\_\_\_\_

### Graduating class information:

Of this applicant's graduating class, approximately \_\_\_\_\_ percent plan to attend a four-year college.

This applicant's cumulative gpa at the end of junior year is \_\_\_\_\_ on a scale of \_\_\_\_\_  weighted  unweighted

This applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_. This rank is  weighted  we do not rank

### How would you characterize this applicant's curriculum within your high school?

below average  average  demanding  very demanding  one of the most demanding possible

### I assess this applicant's chances for success at Marquette University in the academic program selected as:?

poor  fair  good  very good  excellent

**Letters of recommendation are not required.** If you wish to attach a letter for this student, we welcome the opportunity to read it.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SEND COMPLETED FORMS AND TRANSCRIPTS TO:

UNDERGRADUATE ADMISSIONS  
PO BOX 1881  
MILWAUKEE, WI 53201-1881  
ADMISSIONS@MARQUETTE.EDU