Counselor's Evaluation

STUDENT INFORMATION

❑ Mr. ❑ Mrs. ❑ Ms. First Middle Last Preferred Name

Home Address Apt.

City State Zip

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

1. Transcript: Please send an official updated transcript with the applicant's grades along with this report to Thomas More College.

2. GPA: This applicant has a cumulative grade point average of _____ on a 4.0 scale through the date of _____.

3. Rank: This applicant most recently ranks_____ in a graduating class of_____ students.
This rank covers the period from_____ through_____. Our school does not rank_____.

4. Test score(s): This applicant has the following test score(s):

❑ ACT Date_____ English_____ Math_____ Reading_____ Science Reasoning_____ Composite_____

❑ SAT Date_____ Verbal_____ Math_____ Combined_____

Does s/he plan on additional testing? ❑ Yes ❑ No _____

Please indicate the level of difficulty of this student's curriculum. ❑ General ❑ College Prep ❑ Honors College Prep ❑ AP/IB

Which of the following most accurately describes the academic performance you would anticipate of this student, at Thomas More College?

❑ Very well ❑ Good ❑ Fair ❑ Poor

Attributes or challenges that may affect academic performance:

Counselor's Signature Date

Name Title

High School Telephone CEEB/ACT Code

PLEASE RETURN COMPLETED FORM TO:

Thomas More College
Admissions Office
333 Thomas More Parkway
Crestview Hills, KY 41017-3495

(859) 344-3332 or
(800) 825-4557
Fax: (859) 344-3444

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