

Counselor Report



Office of Admissions 400 South Orange Avenue, South Orange, New Jersey 07079-2680
1-800-THE HALL (843-4255) E-mail: thehall@shu.edu Web: admissions.shu.edu

TO BE COMPLETED BY THE APPLICANT

Applicant's Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____ Country _____

Date of Birth ____/____/____ Male Female Social Security Number _____
month day year

In accordance with the Family Educational Rights and Privacy Act:

This Counselor Report form will become part of your admissions file, but it will not be disclosed to any unauthorized individual without your consent. If you enroll at Seton Hall University, you will have access to this form's contents unless you voluntarily waive your right of access. Please check one the boxes below before you sign and date the following statement.

I have read the information above and hereby waive do not waive my right of access to this document should I matriculate at Seton Hall University.

Signature _____ Date _____

TO BE COMPLETED BY THE APPLICANT'S GUIDANCE COUNSELOR

Your input is extremely valuable to us and will help us better determine your student's eligibility for admission. Please attach to this form: the applicant's official transcripts, your school's profile and a copy of the applicant's standardized test scores (if possible). Please submit this form directly to Seton Hall with the student's application for admission. If the application already has been submitted, please mail this form directly to Seton Hall University at the address above. Please feel free to copy this form and add additional sheets if necessary. Thank you for your assistance.

High School Name _____ CEEB Code _____

Applicant's GPA: _____ GPA Scale: _____ weighted unweighted

What mark is considered failing at your school? _____

Applicant's Rank: _____ out of _____

If rank is not available, please indicate the applicant's approximate class placement: Top 10% Top 25% Top 50% Bottom 50%

What percentage of graduating students from your school are planning to attend four-year colleges? _____

Average SAT I or ACT of your graduating class: _____

Highest SAT Scores: Critical Reading _____ Math _____ Writing _____ Highest ACT Composite: _____

In comparison to other college preparing students at your school, this applicant's course of study/curriculum pursued is:

Most Rigorous Rigorous Above Average Average Below Average

Applicant Evaluation

(Please respond candidly to each section by checking the appropriate box for each category.)

	Below Average	Average	Above Average	Excellent (Top 10%)	Outstanding (Top 2-3%)	No Basis for Judgment
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation for Admission

(Please indicate your level of recommendation for admission.)

	Poor	Fair	Strong	Enthusiastic	No Basis for Judgment
Based on Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Character and Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Leadership and Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

(Write recommendation below or attach a letter of recommendation.)

Signature

Date

Name

Title

Phone

How long have you known the applicant?

School Seal or Stamp
(if available)

