

SECONDARY SCHOOL REPORT

Part A: To be completed by all applicants.

All applicants must complete Part A and the Family Education Rights and Privacy Act of 1974 information, and submit this form with your application for admission.

PLEASE PRINT:

Last Name	First	Middle	
Mailing Address	City	State	Zip

I am applying for:

- Freshman Regular Admission
- Non-Traditional Admission—age 21 or older by September 1 of the intended semester of enrollment
- Transfer Admission

Transfer or Non-Traditional Applicant: *If you have been out of high school more than one year at the time of your application, please substitute a letter of recommendation in place of Parts B and C of this form.*

FAMILY EDUCATION RIGHTS & PRIVACY ACT OF 1974—Required for all applicants.

The purpose of a recommendation is to assist in making the admission decision. Under the provisions of FERPA, enrolled students have the right to review their educational records. To allow for a more accurate evaluation by the person providing the recommendation, you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I **waive** **do not waive** any right of access that I may have to this recommendation form. *(Please check.)*

Applicant's signature	Date
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After you have completed Part A, give this form to your high school counselor, principal, or headmaster.

Part B: To be completed by school official. Please complete part B and part C.

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

Percentage of graduating class who plan to attend a four-year college _____%

How long have you known the applicant? _____

In what context have you known the applicant? _____

Name of individual completing Part B, please print

Title School

Signature Date

Please mail this form directly to:
Office of Admission, Carroll College, 1601 North Benton Avenue, Helena, MT 59625-0002
(406) 447-4384 or 1-800-992-3648, extension 4384.

Part C: To be completed by the principal, school counselor, or teacher.

The Carroll College Admission Committee seriously considers the personal qualifications of each applicant and appreciates your thoughtful responses to the following items. Please evaluate the candidate as carefully as possible, noting both strengths and weaknesses. Your comments will assist the Admission Committee, and if the student matriculates, will become part of his or her file and assist the academic advisor. Please return this form as soon as possible. This form must be received before the Admission Committee can properly decide the status of this candidate. *Thank you.*

Please rate the student in comparison to his or her class.

	Below Average	Average	Above Average	Excellent; top 15% this year	Outstanding	No Basis for judgement
Leadership						
Self-confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Motivation						
Emotional Maturity						
Personal Initiative						
Reaction to Setbacks						
Respect Accorded by Faculty						
Respect Accorded by Peers						

Please write whatever you believe is important about the applicant, including a description of academic and personal characteristics. We are particularly interested in evidence about the candidate's intellectual promise, motivation, relative level of maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, and special talents. We use this information to help differentiate this student from others applying to the college.

I recommend this candidate for admission to Carroll College:

	Not recommend	Without enthusiasm	Fairly Strongly	Strongly	Enthusiastically
For academic promise					
For character and personal promise					
Overall recommendation					

Name of individual completing Part C, please print

Title

Signature

Date