

SECONDARY SCHOOL REPORT FORM

Instructions: Send this form to the Secondary School Administrator, Mount St. Joseph University.

SECTION I (beginning of school year)

Date: _____ Name: _____
(Last, First, Middle)

Address: _____
(City, State, Zip)

Telephone: Home (_____) _____ Cell: (_____) _____

Date of Birth: _____ Email Address: _____

SECTION II (beginning of High School Career)

High School: _____ High School CEEB: _____

Current Name: _____

Telephone: (_____) _____ Fax: (_____) _____

Email Address: _____

Percentage of classes completed: Freshman _____ Transfer _____

Percentage of classes completed: GPA above 4.0 Scale: _____ Weighted _____ Unweighted _____

Standardized test scores: SAT _____ ACT _____

Number of credits earned: Math Reading Science English Social Studies

SENIOR-YEAR COURSES (academic)

First Semester	Grade	Second Semester	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Comments: _____

