



# Indiana University Bloomington 2010-2011 Counselor Signature Form

Office of Admissions • 300 N. Jordan Avenue Bloomington, IN 47405-1106 • (812) 855-0661 • www.admit.indiana.edu

All domestic and international students applying online for freshman admission must submit a signed copy of this form or a Secondary School Report. Please complete the top section and take the form to your high school counselor or designated representative, who will complete the counselor section and mail it to us along with your official high school transcript.

## PART I: To Be Completed by the Applicant

Full Legal Name Family or Surname \_\_\_\_\_ Given or First \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Mailing Address Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Intended IU Major \_\_\_\_\_  
Name of High School \_\_\_\_\_

List all academic courses you plan to complete in your senior year of high school, including college courses, if applicable.

### Fall Semester

Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule

### Spring Semester

Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule   
Course Title \_\_\_\_\_ Block Schedule

If you have had correspondence or interviews with an IU official (admissions counselor, alumni representative, faculty member, coach, etc.), complete the following:

Name/Department \_\_\_\_\_ Date of Contact \_\_\_\_\_  
Name/Department \_\_\_\_\_ Date of Contact \_\_\_\_\_

Extracurricular activities (optional): We offer students the option to provide a summary of their important extracurricular involvements during high school. This is not required. If you choose to do so, please attach a separate sheet. You may also submit a personal statement and/or recommendation(s).

## PART II: To Be Completed by the Guidance Counselor or Designated Representative

To the counselor: Please complete the following information, sign and date the form, and mail it to the Office of Admissions, 300 N. Jordan Avenue, Bloomington, IN 47405-1106.

- Please verify that the senior year course schedule information is accurate.
- Please notify us if the student's academic program changes, as a modification may affect the admission decision.
- If you wish, you may attach a separate letter of recommendation or other supplemental information.

Current Cumulative GPA: \_\_\_\_\_ (Please report the most recent highest cumulative GPA on record for this student.)

Indicate the scale used for regular level courses  4 pt  5 pt  6 pt  8 pt  11 pt  12 pt  100 pt  other (please provide scale) \_\_\_\_\_  
Size of Class \_\_\_\_\_ Rank in Class \_\_\_\_\_ Graduation Date \_\_\_/\_\_\_/\_\_\_

If the student has not requested the test scores be sent through the testing agency, we will accept SAT and/or ACT scores on the high school transcript.

Is the student expected to qualify as a National Merit Scholar finalist or semifinalist?  Yes  No

Student and Exchange Visitor Information System (SEVIS) for international students already in the U.S. on an F or J visa only.

Is the student entered in SEVIS?  Yes  No If yes, what is his/her SEVIS number? N O O O \_\_\_\_\_  
Is the student currently maintaining status?  Yes  No Anticipated transfer date out of SEVIS record? \_\_\_/\_\_\_/\_\_\_

Indiana Counselors: Indicate if the student is a candidate for the following:  Core 40  Academic Honors Diploma  21st Century Scholar

Student Test Number (STN) \_\_\_\_\_

### Please Print:

Counselor's Name \_\_\_\_\_  
Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Signature \_\_\_\_\_ Email Address \_\_\_\_\_