

Secondary School Report and Recommendation

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Candidate's Information

This section to be completed by the applicant. Please print clearly or type.

Candidate's name _____
Last/Family First Middle

Permanent address _____
Street City State Zip/Postal code Country

Please list the courses you are taking in your senior/last year.

Fall	Spring
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Transcript

Please attach a school transcript of grades and any description of the school that we might find helpful to better understand the student's educational preparation. We ask for your candid assessment of the student's academic strength and personal qualities such as maturity and adaptability that may affect his or her adjustment to The American University of Paris. Feel free to use this form or attach a photocopy.

Name of school _____

Does your school rank its students? yes no If ranked, this candidate ranks _____ in a class of _____ students. Rank is weighted unweighted .

Candidate's grade point average _____ What is the highest grade point average in the class? _____

Of the candidate's class, _____ % plan to attend college or university.

Will the candidate be taking national standardized examinations? Please indicate:

- Advanced Placement GCSE/"O" levels "A" levels
 International Baccalaureate Baccalauréat Abitur Maturità
 Other (please describe) _____

over, please

School

To the person writing this recommendation:

Recommendation

The American University of Paris is a four-year, fully accredited U.S. university offering Bachelor of Arts and Bachelor of Science degrees. Students need to be able to follow a rigorous academic program in English, with the exception of courses in French Studies, and they need to be able to adjust to life in a cosmopolitan, international setting. Please consider this in your evaluation.

Please note: If you have an "in-house" recommendation form that covers all the information required by this form, please attach yours to this one.

Please print clearly or type.

Name Last/Family First Title

Address

Telephone Fax E-mail

Signature Date
