

SECONDARY SCHOOL REPORT

(For Students Applying  
Directly from High School Only)



THE WORLD'S PREMIER CULINARY COLLEGE

FORM A

TO THE APPLICANT After filling in the information below, give this form to your college counselor.

Student Name (Last, First, Middle, Jr., etc.)		Social Security Number (optional)		
Address (Street)	City	State	Zip Code + 4	Country
Signature				

Current-year Courses—Please indicate below the title, level, and credit value of all courses you are taking this year.

First Semester/Trimester	Second Semester/Trimester	Third Trimester
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Please list below any extracurricular activities, leadership experience, and community involvement.


TO THE SECONDARY SCHOOL COUNSELOR OR EDUCATOR After filling in the section below, please use the other side to describe the applicant.

Please note: Attach applicant's official transcript, including courses in progress. If available, include a school profile and transcript legend. (Please check transcript copies for readability.)

H.S. Graduation Date \_\_\_\_\_

This candidate ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students and has a cumulative grade point average of \_\_\_\_\_ on a \_\_\_\_\_ scale.

The rank covers a period from \_\_\_\_\_ to \_\_\_\_\_. The rank is ☐ Weighted ☐ Unweighted How many students share this rank? \_\_\_\_\_

(mm/yy) (mm/yy)

If a precise rank is not available, please indicate rank to the nearest tenth from the top. \_\_\_\_\_

Percentage of graduating class attending: Four-year institutions \_\_\_\_\_% Two-year institutions \_\_\_\_\_%

Does the student attend a Vo-Tech school? ☐ Yes ☐ No

If yes, does the school have a café or restaurant open to the public? ☐ Yes ☐ No

In comparison to other college preparatory students at our school, the applicant's course selection is:

☐ Most demanding ☐ Very demanding ☐ Demanding ☐ Average ☐ Less than demanding

Are the courses taken on a block schedule? ☐ Yes ☐ No If yes, in what year did the block schedule begin? \_\_\_\_\_

Counselor's name (please print or type)	Signature	Date		
Position	School			
Address (Street)	City	State	Zip Code + 4	Country
Office Phone ( )	Office Fax ( )			
High School CEEB/ACT Code	Advisor's E-mail Address			

How long have you known the applicant, and in what context?

What are the first words that come to mind when you are asked to describe the applicant?

Please feel free to write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will help us to differentiate this student from others.

Ratings (optional)

Compared to other students in his or her secondary school class, how do you rate this student in terms of:

	Below Average	Average	Good	Very Good (well above average)	Excellent (top 10%)	One of the top few encountered in my career	No Basis for Rating
Academic Achievement							
Extracurricular Accomplishments							
Personal Qualities and Character							
Creativity							

I recommend this student: ☐ With reservation ☐ Fairly strongly ☐ Strongly ☐ Enthusiastically

SIGNATURE DATE

Confidentiality

We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files, which may include forms such as this one. The Culinary Institute of America does not provide access to admissions records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation.

Mail to: Admissions Department  
The Culinary Institute of America  
1946 Campus Drive  
Hyde Park, NY 12538-1499  
U.S.A.