

COLLEGE

TRANSFER APPLICATION—SECONDARY SCHOOL REPORT FORM

Application Postmark Deadlines: Transfer Admission: December 1 (spring)
May 1 (fall)

TO THE APPLICANT

Please complete the top portion and then ask your guidance counselor or college adviser to complete the remaining portion of this form.

Please type or print.					
☐ Ms.					
Legal Name	First	Middle	Last (Famil	y)	
Home Address	Number and Street	City	State	Zip	(Country)
	Family Educational Rights and Privacy Acount may waive your right to see your evalu			•	
☐ I waive or ☐ I do not	waive my right of access to this evalu	ation.			
Signature		Date			
Rank information					
	_ in a class of: Did more than one				
Was this rank 🚨 weighted or	unweighted? This rank covered a per	iod from month/year	to month		
If precise rank is not availab	ole, please indicate rank to the neares	t 10th from the top			
Cumulative GPA:	on a scale. Was this GP	PA 🗆 weighted or 🗅 unweighte	ed?		
Considering both the <i>level</i> of student's overall program?	of difficulty of the student's program a	as well as the number of acade	mic courses taken, ho	ow would yo	u describe the
☐ Below Average ☐ Av	erage 🛭 Above Average 🔲 Rig	orous 🚨 Most Rigorous Av	ailable		
Of this candidate's graduat	ing class, approximately% a	ttended a four-year college.			

This form is required for students who have been out of secondary school for less than one year. All other transfer applicants need only submit an official copy of their secondary school transcript.

We would welcome a copy of your current school profile if available.

EVALUATION AND RECOMMENDATION

Please provide commentary on a separate sheet of paper that you feel would be helpful in assessing the candidate's personal and academic qualities as a potential Grinnell student. We are most interested in learning about his or her intellectual curiosity, enthusiasm for learning, character, and potential for growth. Feel free to include any unusual accomplishments or personal circumstances that distinguish this student from others. Your candor is appreciated.

We appreciate your estimation of the student's character and personal qualities in comparison with other college-bound students in your school. Please check the appropriate spaces below:

One of ten four

Л.						- " .	One of top few	
	Personal Qualities	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)	students I have ever encountered	
	General Intelligence/ Intellectual Promise							
	Motivation							
	Integrity							
	Independence							
	Originality							
	Leadership							
	Reaction to Setbacks							
	Sense of Responsibility							
	Warmth of Personality							
	Concern for Others							
	Tolerance of Differences							
	Respect of Classmates							
	·							
	Respect of Faculty							
В.	How long have you know	wn this applicant?						
c.	☐ I enthusiastically reco ☐ I strongly recommend ☐ I recommend this app	d that this applicant	be given the opp		=			
	☐ I do not recommend	this applicant for ad	mission to Grinne	ell College.				
D.	This report is based on	☐ personal contact	☐ school records	conversation	s with teachers and pa	arents 🚨 all of the a	above	
Ple	ase attach an official c	opy of this student	t's grade report	and testing reco	ord.			
Dat	e	Name (please print)					
		Signatu	ıre					
		Positio	n					
		School	name					
			s					
		ridares		er and Street	City	State	Zip	
		Teleph	one		Number			
		FAYnu	mber (if available					
			nic mail address (
		Electro	nic maii address (ii avallable)				

Please return this form directly to: Office of Admission, Grinnell College, Grinnell, IA 50112-1690.

The candidate's application for admission will not be considered until this form is filed with the Office of Admission.