

Admissions Office · 1520 St. Olaf Avenue · Northfield, MN 55057 USA
 (800) 800-3025 · (507) 646-3832 FAX · admissions@stolaf.edu

Part Three

Application deadlines and admission notification dates are as follows:

Process	Received by	Notification date
Early Decision	Nov. 15	Dec. 5
Early Action	Dec. 15	Jan. 15
Regular	Feb. 15	March 1

SECTION I: APPLICANT

Please complete the information in this section before giving this form to a school counselor. Please print or type.

Female Male

First/Given Name Middle Name Last/Family Name Preferred Name

City State Social Security Number _____ - _____ - _____

I wish to be considered as an applicant for: Early Decision Admission Early Action Admission Regular Admission

I am applying as a: First-year Student Transfer Student *(Must submit a final high school transcript as well as transcripts covering all college coursework.)*

SECTION II: SECONDARY SCHOOL OFFICIAL

Required grades/official transcript:

(Early Decision and Early Action) Transcript through junior year and list of senior courses in progress

(Regular Admission) Transcript through first semester/first trimester of senior year

After completing Sections II and III, the counselor should send this report to the St. Olaf College Admissions Office. **Please attach an official transcript and return this form by the deadline designated above.**

Public Private Parochial

Name of School

School's Street Address

City State Zip Code Country

PLEASE COMPLETE THE FOLLOWING QUESTIONS.

Grading system: Quarter Semester Trimester Other _____

Date first semester/trimester will be completed: _____

Percentage of class attending: Four-year _____ Two-year _____ institutions

Grading scale: 4.0 Other _____ Passing Grade is _____ Decile _____

Student's GPA: _____ GPA includes grades (check all that apply): 9 10 11 12

Student ranks _____ in a class of _____ We do not rank

If you rank, is this ranking weighted? Yes No Is the GPA of this student weighted? Yes No

Among the college-bound students at your school, is the student's course selection:

Most Demanding (All Honors, AP, IB) Demanding (Some Honors, AP, IB) Average (College Prep, No Honors, AP, IB)

Taking most challenging courses available (limited or no Honors, AP, IB offered)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Profile of accepted St. Olaf first year students in the fall of 2003 (information as of July 1, 2003):

Middle 50% of Accepted Students:

Grade Point Average of Academic Courses: 3.51-3.97

Median High School Rank: 91%

ACT Composite: 25 – 30; SAT I Total: 1200 – 1380

Percentage in Top 10% of Class: 55%

SECTION III: COUNSELOR

Please comment on the following items. Your recommendation letter may replace Section III. Please print or type.

This information is to be used solely for the admission process and will be removed from the student's file upon enrollment.

ACADEMIC ABILITY:

PERSONAL CHARACTER:

IS THE ACADEMIC RECORD OF THIS STUDENT AN ACCURATE INDICATION OF THE STUDENT'S ABILITY?

Yes No If not, please describe the circumstances:

COUNSELOR STATEMENT:

The Admissions Committee is interested in admitting students who can and will contribute to their classes, share ideas with fellow students, challenge their professors, exercise independence with regard to research and coursework and enjoy the academic experience at St. Olaf. In the space below, or on a separate sheet, please comment on these and other items you believe would assist the Admissions Committee in making a decision in the candidate's best interest.

HOW FAMILIAR ARE YOU WITH ST. OLAF COLLEGE?

I know St. Olaf College well. I am somewhat familiar with St. Olaf College. I know very little about St. Olaf College. I am a St. Olaf graduate.

Thank you for taking the time to complete this recommendation. We invite you to learn more about St. Olaf by exploring our web site at www.stolaf.edu.

Counselor's Name (please print or type)

E-Mail Address

(Area Code) School Phone

(Area Code) School FAX

Counselor's Signature

Date