

TO THE STUDENT

FRESHMAN APPLICANTS: Please complete this section. Your school counselor will complete and postmark this form no later than **December 1**.

NAME _____ DATE OF BIRTH _____

DATE APPLICATION SUBMITTED ONLINE _____

I waive my right of access to this form and recommendations. I do not waive my right of access to this form and recommendations.

FOR THE SCHOOL COUNSELOR

Academic data requested: A certified copy of the applicant's record should be attached to this form. If you have any questions please call **(800) 222-6544** or **(414) 288-7302**.

High School ETS (SAT/ACT) code: _____

Graduating class information:

Of this applicant's graduating class, approximately _____ percent plan to attend a four-year college.

This applicant's cumulative gpa at the end of junior year is _____ on a scale of _____ weighted unweighted

This applicant ranks _____ in a class of _____. This rank is weighted we do not rank

How would you characterize this applicant's curriculum within your high school?

below average average demanding very demanding one of the most demanding possible

I assess this applicant's chances for success at Marquette University in the academic program selected as:?

poor fair good very good excellent

Letters of recommendation are not required. If you wish to attach a letter for this student, we welcome the opportunity to read it.

NAME _____ SIGNATURE _____ DATE _____

SEND COMPLETED FORMS AND TRANSCRIPTS TO:

UNDERGRADUATE ADMISSIONS
PO BOX 1881
MILWAUKEE, WI 53201-1881
APPLICATION@MARQUETTE.EDU