

SECONDARY SCHOOL REPORT

RETURN TO:

University of Dubuque, Director of Admission, 2000 University Avenue, Dubuque, IA 52001

STUDENT INSTRUCTIONS

TO THE APPLICANT: Please fill in the information in this section, then give this form to your guidance counselor or college advisor.

Your Last Name	First	Middle	Jr., etc.
Street Address		E-Mail	
City	State	Zip	
Secondary School		Home Telephone	
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ADVISOR INSTRUCTIONS

TO THE SECONDARY SCHOOL COLLEGE ADVISOR: Please return this form as soon as possible and attach a copy of the *student's transcript* (with senior courses listed) and a copy of your *school profile*, if one is available.

CONFIDENTIALITY AND PRIVACY RIGHTS: Federal law guarantees only enrolled college students the right of access to their educational records. College applicants do not have this right during the admission process, only after actual registration as students. The University of Dubuque, therefore, can guarantee the strict confidentiality of this recommendation.

- If your school uses class rank, please complete the section on rank. If your school does not rank students, please check here and proceed to question 6.
- This candidate ranks _____ in a class of _____
- If a precise rank is not available, please indicate in _____ quintile from the top you would place this student. _____ quintile from the top
- This rank covers a period from (month and year) _____ to _____
- Is this rank weighted? Yes No
- Of this candidate's graduating class, what percentage plans to attend a four-year college? _____
- How would you rate the strength of the candidate's overall academic program?
 Below Average Difficulty Above Average Difficulty Most Challenging
 Average Difficulty Very Challenging
- How would you compare the applicant to his or her entire class?

	Below Average	Average	Good (Above Average)	Excellent	Outstanding	One of Top Few
Academically:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personal Qualities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Is the candidate's academic record a true index of his or her ability? If not, please explain.

10. How long have you known the candidate?

11. In what context(s) have you known the candidate?

12. What are the first words that come to mind to describe the candidate?

CHARACTER AND PERSONALITY

13. In making the following ratings, please keep in mind that they will be used to compare this student with other very capable students. Please make them as realistic as you can in comparison to other college preparatory students you have known.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent (top 20%)	Outstanding (top 5%)	One of Top Few
Critical, Inquiring Attitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of Personality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy, Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect From Faculty:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect From Peers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY AND RECOMMENDATION

14. Please describe the candidate's academic and personal characteristics. We are particularly interested in evidence of his or her intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth and special talents. We welcome information that will help us to differentiate this student from others. If you wish to use a photocopied statement, please attach it to this form.

Your Full Name (please print)

Your Title

School Name

Your E-Mail Address

Your Office Telephone

Your Home Telephone

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City

State

Zip

Your Signature

Date

**THANK YOU VERY MUCH FOR YOUR TIME AND CONSIDERATION.
WE APPRECIATE YOUR CANDOR AND PROFESSIONALISM.**