

RECOMMENDATION OF GUIDANCE COUNSELOR

Vame:				Female	Male
Last	Firs	t	Middle Initial		
Address: Street					
Street		City		State	Zip
High School:			_ Phone:		
Date of Birth:	/ /		_ Email Address		
SECTION 2: To be	completed by	the guidance c	ounselor		
nstructions for counselor: Cor and a schedule of courses in p 15817 . Toll-free : 1-800-488-3	mplete section 2. After co rogress for this student. S	ompletion, sign and retu Send materials to Blufft	irn the form with an o	fficial high school transcri of Admissions, 1 Univer	ot, high school prof sity Dr., Bluffton, C
Student Data Verifi	ication				
Student GPA:	based on sen	nesters Class	Rank:out of	based on _	semester
Student's course selection	on is:very dema	andingsome	what demanding	average	_below averag
This student will gradua	te from high school	with college credit	:: yes	no If yes, what typ	e:
Ohio counselors only: To receive a high school Reference Assessmelease check how you rate this	his student passed of diploma: ent student in the following	or is exempt from a yesno	all portions of the	Ohio Graduation Te	st and is eligibl
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