



**High School Report/Counselor Recommendation Form**

**Applicant's Section**

Please complete this section of the NYU High School Report/Counselor Recommendation Form and give to your guidance counselor or college adviser. *Transfer applicants need not submit this form. (Please type or print in ink.)*

LEGAL NAME: LAST (FAMILY) NAME FIRST NAME MIDDLE INITIAL

PERMANENT HOME ADDRESS (NUMBER AND STREET) CITY STATE/COUNTRY ZIP/POSTAL CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH: MONTH DAY YEAR

Check One:  Freshman Early Decision (postmarked by 11/1)  Freshman Regular Decision (postmarked by 1/1)

**Confidentiality Statement**

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records if you attend NYU. You may waive your right of access to this specific recommendation if you so choose. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign your name below.

I hereby waive my right of access to this recommendation.  I do not waive my right of access to this recommendation.

APPLICANT'S SIGNATURE DATE

**Respondent's Section**

We would appreciate your candid evaluation of the student named above to aid us in evaluating his or her candidacy for admission to New York University. Please attach this report to the applicant's current high school transcript. Thank you for your cooperation.

LAST NAME FIRST NAME MIDDLE INITIAL

SCHOOL HIGH SCHOOL CODE

SCHOOL STREET ADDRESS CITY STATE/COUNTRY ZIP/POSTAL CODE

( ) ( )

OFFICE TELEPHONE OFFICE FAX

HOW LONG HAVE YOU KNOWN THE APPLICANT? IN WHAT CAPACITY?

**Class Rank:** Student's rank \_\_\_\_\_ Class size \_\_\_\_\_ This rank is  weighted  unweighted  
How many students share this rank? \_\_\_\_\_  
If exact rank is not available, please indicate rank to the nearest decile from the top \_\_\_\_\_

**GPA:** Student's GPA \_\_\_\_\_ This GPA is  weighted  unweighted Highest GPA for the class is \_\_\_\_\_

**Test Scores:** Student's highest SAT Critical Reading score \_\_\_\_\_ Date taken \_\_\_\_\_  
Student's highest SAT Math score \_\_\_\_\_ Date taken \_\_\_\_\_  
Student's highest SAT Writing score \_\_\_\_\_ Date taken \_\_\_\_\_  
Student's highest ACT Composite score \_\_\_\_\_ Date taken \_\_\_\_\_  
Student's highest ACT Writing Test score \_\_\_\_\_ Date taken \_\_\_\_\_

Considering the level of difficulty of the student's program, how would you describe the student's overall program in the context of other college preparatory students at your school?

Less than demanding  Average  Demanding  Very demanding  Most demanding available

Last year, what percentage of your students attended a  
Four-year college? \_\_\_\_\_% Two-year college? \_\_\_\_\_%

Please compare this applicant to the college-bound members of his or her class:

	Below Average	Average	Above Average	Superior	Exceptional
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Accomplishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Qualities and Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the student ever been suspended, dismissed, or placed on probation from school for academic or disciplinary reasons?

Yes  No If yes, please explain on a separate sheet.

Has the student ever had to leave school for an extended period of time?

Yes  No If yes, please explain on a separate sheet.

On a separate sheet or in the space below, please describe the applicant's academic and personal characteristics. We are particularly interested in evidence of the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasms. We welcome information that will help us to differentiate this student from other applicants.

**Summary Evaluation**

I recommend this student  with reservation  fairly strongly  strongly  enthusiastically

This report is based on (check more than one, if appropriate)

Personal contact and observation of the student  Another counselor's observations  
 Comments from teacher(s)  Records Other (specify) \_\_\_\_\_

How familiar are you with New York University?

Very  Somewhat  Not at all

SIGNATURE

DATE

Please return this form to New York University, Undergraduate Admissions Processing Center, 665 Broadway, 11th Floor, New York, NY 10012-2339.