

# SCHOOL REPORT

## To the Applicant

Student's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
STREET/P.O. BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

I waive my rights to see this form.  I do not waive my rights to see this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To the Counselor or Advisor

Your Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET/P.O. BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

School Grading Scale (e.g. A= 90-100): A= \_\_\_\_\_ B= \_\_\_\_\_ C= \_\_\_\_\_ D= \_\_\_\_\_ F= \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what context have you known the applicant? \_\_\_\_\_

What are the first words that come to mind to describe the applicant? \_\_\_\_\_

Please indicate your level of recommendation for the student below.

	ENTHUSIASTICALLY	STRONGLY	FAIRLY STRONGLY	WITH RESERVATIONS	PREFER NOT TO RECOMMEND
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any factors that you know of which might interfere with the applicant's academic performance or personal relationships?

Yes  No

If Yes, please explain below (*use the back of the page if you need more space*) or contact the Admissions Office at 267.502.6000.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Thank You for Your Time!

Please return the completed form to: Admissions Office  
Bryn Athyn College · 2945 College Drive, P.O. Box 462 · Bryn Athyn, PA 19009 USA  
Phone: 267.502.6000 · Fax: 267.502.2593 · www.brynathyn.edu