

To be Completed by the Student:

This form must be turned in to and completed by your guidance counselor. If your guidance counselor is unable to complete the reference section on the back, you may submit three letters of reference from teachers whom you have had in class.

I, _____, hereby authorize release by _____
Applicant PRINT FULL NAME, last name first High school
of academic and personal records requested by Manchester College, North Manchester, Indiana.

Applicant's signature _____ Date (_____)
Area code _____ Applicant's home phone number

Applicant's home address

NOTE: This evaluation will be kept in confidence from the student only if the student signs below. There is no obligation on the part of the student to sign.

STUDENT should sign below if applicable: I agree that this evaluation will be kept in confidence and shown only to College officials with legitimate interest in reviewing it. I understand that by entering into this agreement I am waiving any right of inspection or review of this evaluation which may have been granted under the terms of the Family Education Rights and Privacy Act of 1974.

Signature

To the Guidance Counselor:

The student named above has applied for admission to Manchester College. A complete record will enable us to process the application fairly and promptly. Your assistance is appreciated.

- √ Please complete both sides of this form.
- √ Please attach an official transcript.
- √ Please include:
 - the student's full senior year schedule if it is not on the transcript;
 - the student's most current grades, including mid-terms, 6- or 9-week grades, and/or final grades for the term in progress, if the student is currently enrolled;
 - SAT and/or ACT scores;
 - your school profile;
 - and your signature on the back of this form.
- √ Please complete the following:
 - this student's graduation date: _____ / _____ / _____
 - Will this student graduate with:
 - an Indiana Academic Honors Diploma? yes no
 - a Core 40 Diploma? yes no
 - the 21st Century Scholars requirements? yes no

Please complete other side

Guidance Counselor Reference Information

The person named on the opposite side of this form is a candidate for admission to Manchester College. Since admission decisions are based on a variety of information, including personal qualities and records, your candid evaluation will be helpful now and in our future relationships with the candidate. Please respond to the following questions to the best of your knowledge.

1. What is the nature and extent of your relationship with the candidate? _____

2. Are you a relative? yes no If yes, what relation? _____

3. Please rate this student's academic ability, motivation, and potential. Please add any additional comments according to your personal contacts, or a composite of teachers' evaluations.

Qualities	Outstanding	Satisfactory	Unsatisfactory	Do Not Recommend	Cannot Evaluate
Academic Ability					

Comments: _____

Academic Potential					
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Comments: _____

Academic Motivation					
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Comments: _____

Personal Character					
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Comments: _____

4. Please indicate academic strengths: _____

5. Please indicate potential academic difficulties: _____

6. Any additional comments or suggestions are appreciated (e.g., readiness for college; desire to attend college; unusual circumstances or experiences):

7. Has this student had any disciplinary or legal problems? If yes, please explain: _____

8. Do you recommend this student for admission to Manchester College? yes no

Comments: _____

9. Please call me. I prefer to talk about this particular student.

Comments: _____

Signature: _____ Title: _____

Date: _____ Telephone: (____) _____

E-mail: _____

Please return promptly with official transcript and SAT/ACT test scores to: Office of Admissions, Manchester College, 604 E. College Ave., P.O. Box 365, North Manchester, IN 46962-0365 Toll Free: 800-852-3648 FAX: 260-982-5239 E-mail: admitinfo@manchester.edu