

Undergraduate Admissions Chubb Hall 120 1 Ohio University Athens OH 45701 www.ohio.edu/admissions

Date

740.593.4100 telephone 740.593.0560 fax

COUNSELOR INFORMATION FORM

To the freshman applicant:	
Please complete the following personal you request a transcript.	I information and give this form to your high school guidance office when
Name:	
SSN:	
	tional. If you choose to provide test scores, please remember to have them ns from the testing agency. Our ACT code is 3314 and the SAT code is 1593.
To the counselor:	
application, please send an official high s following information for this student. Pl	cation to Ohio University. To assist us in accurately evaluating and processing the school transcript. We would also appreciate your help in providing the lease note that the accurate reporting of the student's G.P.A. will help Ohio decisions. If you are submitting the student's transcript electronically this form
School CEEB Code:	
Student's cumulative G.P.A.:	
The G.P.A. scale for school is: 4.0	☐ 5.0 ☐ 100% other, please specify:
The G.P.A. reported is: weighted [☐ unweighted
Student's rank Weighted (if appropriate)	Unweighted (if appropriate) in class of
☐ We do not rank.	
Please rate the rigor of the student's se	elected curriculum relative to the available courses at your school:
☐ Most rigorous available	
☐ Above average rigor	
☐ Average rigor	
☐ Below average rigor	
Counselor, please share any additional inf Jndergraduate Admissions to know (opti	formation about this student that you think would be beneficial for onal):
Counselor's Name (Print)	Counselor's Signature
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