



SECONDARY SCHOOL REPORT FORM

COUNSELORS SHOULD SEND COMPLETED FORM TO:

Mail Trinity University, Office of Admissions
One Trinity Place, San Antonio, Texas 78212

Fax 210-999-8164 Email admissions@trinity.edu

STUDENT INFORMATION (to be completed by the student)

FULL LEGAL NAME First Middle Last Date of Birth ___/___/____

Street Address Email

City State Zip Phone ()

I am applying for Early Decision I (binding) Early Action I Early Decision II (binding) Early Action II Regular Decision

I recognize the confidential nature of this document and I do don't waive my right to access. (please select one)

Student Signature Date

SENIOR YEAR COURSES

	FULL-YEAR COURSE	SEMESTER COURSE	TRIMESTER COURSE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIGH SCHOOL INFORMATION (to be completed by the counselor)

COUNSELOR NAME Title

High School City State

Phone () Fax ()

Grading Scale 4.0 100 Other _____ Passing Grade is _____

Student's GPA _____ Weighted OR Unweighted GPA Includes 9th 10th 11th 12th

Student's Rank _____ in a class of _____ OR School does not rank COURSES Most Demanding Demanding Average Below Avg

How many advanced courses are offered on your campus? AP _____ IB _____ Honors _____

Does your school limit the amount of advanced courses students can take? Yes No

Is this student an IB diploma candidate? Yes No

Is the academic record of this student an accurate indication of the student's ability? Yes No If not, please describe the circumstances.

Has this student ever been found responsible for a disciplinary violation (academic or behavioral) that resulted in a disciplinary action? Yes No

Has this student been found guilty or convicted of a misdemeanor, felony, or other crime? Yes No

If you answered "yes" to either question relating to disciplinary history, please provide the time and circumstances these events took place by attaching another sheet to this recommendation form.

COUNSELOR RECOMMENDATION (please attach letter of recommendation to this form)

I recommend Enthusiastically Strongly With Concern No Personal Reference Would you like to discuss this applicant over the phone? Yes No

Counselor Signature Date