

Academic Report

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Brookline, MA 02445 www.hchc.edu
Toll Free 866-424-2338 admissions@hchc.edu

TO THE APPLICANT

Please complete the Student Information sections below. Submit this form to your counselor together with a request for an official transcript. Including a stamped, addressed envelope will make it easier for this person to help you. Your application will not be complete until the Office of Admissions has received this form.

Name: _____ Social Security No: _____

Address: _____

Parent or Guardian: _____ Date of Birth: _____

This information will become part of your admissions file. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in advising and otherwise assisting you. It will not be disclosed to any unauthorized individual without your consent. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll at Hellenic College, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I waive do not waive any right of access that I may have to this recommendation form.

Applicant's Signature: _____ Date: _____

TO THE COUNSELOR

The information requested by this form is essential for the Admissions Committee. We are grateful for your help and cooperation in processing this student's application. Please remember to submit an official transcript. We would also appreciate any additional information you could provide concerning his/her honors, awards, activities, disciplinary history, and/or evaluations by school personnel.

Sincerely,

Admissions Department



Signature of Applicant's Counselor: _____ Date: _____

Counselor's Name (please print): _____

Phone Number: _____

This recommendation is an important factor in the admission decision. The Admissions Committee expects it to be completed only by the Counselor who has signed above.

SCHOOL INFORMATION

Name of School: _____ Public Private
School Address: _____
School Phone Number: _____ School Fax Number: _____
Accredited by State System Regional Accreditation Association
Percent of graduates entering college: _____ % into 4-year schools _____ % into 2-year schools

STUDENT INFORMATION

The applicant's cumulative GPA is _____

Is GPA weighted to reflect more demanding courses? Yes No

What was the highest cumulative GPA for this class? _____

This applicant ranks # _____ in a class of _____

This rank is based on # _____ semesters or # _____ trimesters.

How many students share this rank? _____

How many are above this rank? _____

What is the lowest rank given? _____

Is rank weighted to reflect more demanding courses? Yes No

The school does not provide exact rank.

If an exact class rank is not available, please estimate the range of grade point averages for top 25% of the class or provide us with a grade point average distribution.

Please compare this applicant's four-year curriculum to the best curriculum available at your school. Place a "1" in the proper space if the student has taken the most rigorous program in a subject; Place a "2" in the proper space if the student has taken the next most rigorous program; Please leave the space blank if neither "1" nor "2" applies.

English _____ Math _____ Science _____ History _____ Foreign Language _____

Below, or in an attached letter, please give your professional evaluation of this student. Note any unusual circumstances (positive or negative) which might assist our evaluation of this applicant.