

# 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.