

## First-Year Applicants Only

# Counselor Information

Complete this section and give this form and a stamped envelope addressed to **Capital University, Admission Office, 1 College and Main, Columbus, OH 43209-2394** to your guidance counselor. Please type or print.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle (complete)

Address: \_\_\_\_\_  
Street City State ZIP

Telephone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

ACT was taken on: \_\_\_\_\_ Date (month, day, year) SAT was taken on: \_\_\_\_\_ Date (month, day, year) ACT or SAT is scheduled for: \_\_\_\_\_ Date (month, day, year)

List courses to be completed in current year (if more than two terms, use separate sheet). Your courses and performances this year are considered in our final admission decision.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you plan to have any college-level transfer credit, including PSEOP (State of Ohio Post-Secondary Enrollment Options Program) credit, please list colleges/universities attended and courses.

College/University	Course Department and Title
_____	_____
_____	_____

Please have your official high school transcripts sent to the Admission Office for an official credit evaluation.

I authorize the counselor to release all information regarding my academic and disciplinary records to Capital University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## High School Counselor Section

Please attach an official transcript and include, if available, a school profile and transcript legend. We appreciate your assistance.

This student has a \_\_\_\_\_ G.P.A. on a \_\_\_\_\_ scale and ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students. (If a precise rank is available, please indicate rank to the nearest tenth from the top. ) The G.P.A. and rank (are, are not) weighted and cover a period from \_\_\_\_\_ to \_\_\_\_\_.  
circle one (month/year) (month/year)

Are ACT and SAT scores reflected on the high school transcript? Yes  No

Of this student's graduation class, \_\_\_\_\_ percent plan to attend a four-year college or university.

Has this student been suspended or expelled from high school? Yes  No

This student is exempt from passing or has passed all sections of the Ohio Graduation Test (OGT) and is eligible to receive a high school diploma. Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print): \_\_\_\_\_  
First Middle Last

Position: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State ZIP

Office Telephone: ( ) \_\_\_\_\_ School CEEB/ACT Code: \_\_\_\_\_ Counselor E-mail Address: \_\_\_\_\_

Please check here if it would be advisable for Capital to call for further information.

## Confidentiality

We value your comments highly and ask that you complete this form knowing that it will be retained in the student's file should he or she matriculate at Capital. You may want to make a copy for your records. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students have access to their permanent files. We do not provide access to admissions records to applicants who are rejected or who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation.

Capital University admits qualified students regardless of race, color, religion, gender, age, disability or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the university.

Please return this form with official high school transcripts to:

Capital University Admission Office, 1 College and Main, Columbus, OH 43209-2394  
admissions@capital.edu • www.capital.edu • 614-236-6101 • 1-866-544-6175 • Fax: 614-236-6926