NIAGARA UNIVERSITY

PART II To be completed by a high school counselor: Kindly attach a copy of the student's transcript including SAT and/or ACT scores.

Applicant's Name:	Last	First	Middle/Maiden

HIGH SCHOOL INFORMATION

High School Name | CEEB Code

High School Address | City | State | Zip Code

Rank in Class: out of a class of ❑ **Students Not Ranked** | **Birth Date:** / /

High School Average: *Niagara uses a percentile average to evaluate students for admission. If your marking system operates on another scale, we will use your provided grading system to make an accurate conversion. If no such explanation is provided, we will recalculate according to our standard scale.* _____ ❑ unweighted average ❑ weighted average

NEW YORK STATE RESIDENTS ONLY

Arthur O. Eve Higher Education Program (HEOP): This is a program for residents who are academically and financially disadvantaged. Check if you feel that this student would be a good candidate for consideration. ❑ Yes ❑ No

NYS Advanced Regents Diploma: I anticipate this student to graduate with an Advanced Regents Diploma. ❑ Yes ❑ No

COUNSELOR RECOMMENDATION

Overall Impression: What is your professional opinion on this student's ability to be successful in college?

❑ Highly recommend ❑ Recommend ❑ Withhold Recommendation ❑ Prefer Not to Respond

Additional Comments:

Please use the following space to provide any additional insight or comments regarding this student. You may also attach or send a separate letter if you wish.

COUNSELOR INFORMATION

Counselor Name (Printed) | Signature | Date

Office Phone | E-mail