

Senior Scholars Secondary School Report

To the Applicant: Complete the questions in this shaded box and then give this form to your high school counselor, principal or other school official. Please request that this form be mailed directly to the Office of Admissions.		
Name:	Last	
Address:		
City State Zi	p	
Applying for: ☐ Fall 20 semester ☐ Spring 20 semester ☐ Full 202	20 academic year	
I recognize the confidential nature of this document and \Box I do \Box I do not wait	ve my right to access.	
Student's Signature	Date	
 Complete all information requested on this form. Attach a copy of the applicant's high school transcript. Return this form and transcript directly to the Office of Admissions. This information will be held in confidence. 		
Name of School: (CEEB/ACT Code:	
Guidance Phone () Fax: () Email:		
Accreditation by o Public So	chool O Private School	
Are honors courses indicated on transcript? Yes No Is it your policy to record courses failed? Yes No Is your school on block scheduling? Yes No	Give grading scale, highest to lowest: A= B=	
Applicant's class rank: out of as of/	C= D= F=	
In comparison with other college preparatory students at your school, the applican ☐ Most Demanding ☐ Very Demanding ☐ Demanding ☐ Average	t's course selection is: ☐ Below Average	

grade forward, whether the applicant's probation	been found responsible for a disciplinary violation at your school from 9 th related to academic misconduct or behavioral misconduct, that resulted in on, suspension, removal, dismissal, or expulsion from your institution School policy prohibits response
2. To your knowledge, has crime?☐ Yes ☐ No	the applicant ever been convicted of a misdemeanor, felony, or other
Is the student recommended — Yes — No	for admission to the Meredith College Senior Scholars Program?
Please comment on the appli	cant's readiness for college level coursework:
By signing this form, I am app Meredith College.	proving the applicant's enrollment in the Senior Scholars Program at
Counselor or School Official S	iignature:
Printed Name:	Date:



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