SECONDARY SCHOOL REPORT FORM

For Incoming Freshman Students Only

Regis College Office of Admissions, 3333 Regis Boulevard, A-12, Denver, Colorado 80221-1099

GENERAL INSTRUCTIONS

The student should complete Section I and submit the form to the secondary school counselor. After completing Section II and III, the counselor will forward the report form, official transcripts, national test scores, and respective admission application to the Regis College Office of Admissions.

SECTION I *(to be completed by student)*

Please Print or Type

Student Name _____ Social Security Number _____
Last First Middle Initial

Student Address _____
Street City State Zip Code

High School _____

High School Address _____
Street City State Zip Code

High School Telephone Number _____ FAX Number _____
Area Code Area Code

Counselor's Name _____ Title _____

Counselor's E-mail Address _____

I recognize the confidential nature of this document and I do ☐ do not ☐ waive my right to access.

_____ _____
Student Signature Date

SECTION II *(to be completed by school counselor)*

High School CEEB_____

Percentage of class attending: Four-year _____ Two-year_____ institutions

Grading scale: ☐ 4.0 ☐ 100 ☐ Other _____ Passing Grade is _____

Student's GPA _____ GPA includes (check all that apply): ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ 12th Grade
☐ Weighted ☐ Unweighted

Student ranks _____ in a class of _____ ☐ We do not rank

Is the student's course selection, among those available at your school: ☐ Most Demanding ☐ Demanding ☐ Average ☐ Below Average

SECTION III *(to be completed by school counselor)*

Please comment on the following items which reference the student's ability and character. Attach additional pages if more space is needed. (A recommendation letter may replace Section III)

ACADEMIC ABILITY:

_____

_____

(Continue on other side)

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PERSONAL CHARACTER:

Is the academic record of this student an accurate indication of the student's ability? ☐ Yes ☐ No
If not, please describe the circumstances.

COUNSELOR STATEMENT:

HIGH SCHOOL OFFICIAL SEAL

Counselor's Name _____ Phone Number _____
Area Code Extension

Counselor's Signature _____ Date _____

REGIS UNIVERSITY

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303.458.4900 or 800.388.2366, ext. 4900