

# UTICA COLLEGE

## TRADITION. OPPORTUNITY. TRANSFORMATION.®

### High School Report – Confidential

Office of Admissions  
1600 Burrstone Road  
Utica, New York 13502-4892  
1-800-782-8884 • www.utica.edu

#### To the Applicant:

Please fill out the front page of this form and give it to your school counselor with your completed application, personal statement, and application fee or request for fee waiver, and the return envelope

#### Please Print

Name of applicant \_\_\_\_\_  
Last First MI

Applicant's permanent address \_\_\_\_\_  
Street Apt.#

City State Zip

E-mail \_\_\_\_\_

School now attending \_\_\_\_\_ Is school  Public  Private  Parochial

School guidance office telephone ( ) \_\_\_\_\_

Please check if you are applying for one of the following, which have preferred application dates or deadlines:

- Physical therapy program (January 15)
- Occupational therapy program (January 15)
- Joint health professions programs (January 15)
- Academic achievement award consideration (January 15)
- Nursing program (January 15 **deadline**)
- Higher Education Opportunity Programs (January 15)

Because standardized test scores are secondary to your high school record in the admission process, test scores are optional at Utica College. You are not required to submit the results of SATs or ACTs, except when applying for the programs listed above.

- I choose to submit my test scores for consideration.
- I prefer that you make a decision on my application without reference to test scores.

List courses in which you are currently enrolled: \_\_\_\_\_

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

## Educational Data

Please complete this form and forward it in the return envelope with an official transcript, completed application form, the student's personal statement, and application fee or request for fee waiver. If you feel you know the student well enough, please recommend below. The student may substitute a recommendation from an academic teacher if you prefer.

## Academic Data

This student ranks \_\_\_\_\_ in a class of \_\_\_\_\_.  We do not rank.

This rank is  weighted  unweighted.

This applicant's high school grade point average is \_\_\_\_\_. The applicant's anticipated date of graduation is \_\_\_\_\_.

Percentage of class attending a four-year \_\_\_\_\_ two-year \_\_\_\_\_ institution.

Counselor's name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

## Recommendation

What are the first words that come to mind to describe the applicant? \_\_\_\_\_

Please describe any special strengths or weaknesses in academic preparation, or in character, that we should be aware of when considering this applicant. (Feel free to use a separate page if you prefer.)

Please check the boxes below that most accurately reflect your appraisal of the student, in the context of all students with whom you work:

	Not Recommended	Below Average	Average	Above Average	Excellent
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_