TO THE STUDENT
FRESHMAN APPLICANTS: Please complete this section. Your school counselor will complete and postmark this form no later than December 1.

<table>
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<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
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DATE APPLICATION SUBMITTED ONLINE

☐ I waive my right of access to this form and recommendations. ☐ I do not waive my right of access to this form and recommendations.

FOR THE SCHOOL COUNSELOR

Academic data requested: A certified copy of the applicant’s record should be attached to this form. If you have any questions please call (800) 222-6544 or (414) 288-7302.

High School ETS (SAT/ACT) code: ____________________

Graduating class information:

Of this applicant’s graduating class, approximately ________________ percent plan to attend a four-year college.

This applicant’s cumulative GPA at the end of junior year is ________________ on a scale of ________________ ☐ weighted ☐ unweighted

This applicant ranks ________________ in a class of ________________. This rank is ☐ weighted ☐ we do not rank

How would you characterize this applicant’s curriculum within your high school?

☐ below average ☐ average ☐ demanding ☐ very demanding ☐ one of the most demanding possible

I assess this applicant’s chances for success at Marquette University in the academic program selected as?:

☐ poor ☐ fair ☐ good ☐ very good ☐ excellent

Letters of recommendation are not required. If you wish to attach a letter for this student, we welcome the opportunity to read it.

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