



FOR THE STUDENT TO COMPLETE

Please complete the information below, and then give this form to your college/guidance counselor right away. **Remember, this High School Counselor Report is required for your application to be considered complete.**

Name _____
FIRST NAME LAST NAME

Mailing Address _____
NUMBER AND STREET

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

High School Name _____

High School Address _____
NUMBER AND STREET

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

Please list the classes you are taking this year. _____

FOR THE STUDENT'S COLLEGE/GUIDANCE COUNSELOR TO COMPLETE

This **High School Counselor Report** is required in order to review the student's application. We appreciate your prompt assistance in completing this form and forwarding the student's official transcript.

Please rate this student on the following categories. Attach a separate sheet of paper or use the reverse side of this page to list additional comments.

	BELOW AVERAGE					EXCELLENT
Dedication to Academic Excellence & Discernment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not applicable
Commitment to Integrity & Honesty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not applicable
Responsibility toward Social Justice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not applicable
Demonstration of Leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not applicable
Commitment to Diversity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Not applicable

How long have you known this student? _____

In what context do you know this student? _____

Student's class rank _____ Class size _____

The student's course selection is: Most rigorous Very rigorous Rigorous Average Below average

If you answer “yes” to either of the following questions, please provide the approximate date of each incident and explain the circumstances in the lines provided. If necessary, please attach an explanation on a separate sheet of paper.

Has the applicant ever been found responsible for a disciplinary violation at your educational institution from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant’s probation, suspension, removal, dismissal, or expulsion from the institution? Yes No

To your knowledge, has the applicant ever been convicted of, or does the applicant have pending charges for, a misdemeanor, felony, or other crime (excluding traffic violations)? Yes No If yes, please explain below.

Additional Comments:

College/Guidance Counselor Name _____
FIRST NAME LAST NAME

Title/Position _____

High School Name _____ CEEB Code _____

High School Address _____
NUMBER AND STREET

_____ CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

e-mail address _____

Phone Number (_____) _____

Signature _____ Date _____

Please mail this form along with the following items.

- 1) Official high school transcript
- 2) Official SAT-I or ACT test scores (if the student chose to submit them)

Mail the materials mentioned above to:

Undergraduate Admission Office
Loyola University Maryland
4501 North Charles Street
Baltimore, Maryland 21210

You may also fax this form and the requested materials to Loyola University Maryland at (410) 617-2176.

Note: We will require official transcripts prior to enrollment.

Thank you.

**SAT COLLEGE CODE #5370
ACT COLLEGE CODE #1708**

