



**OHIO**  
UNIVERSITY

Undergraduate Admissions  
Chubb Hall 120  
1 Ohio University  
Athens OH 45701  
www.ohio.edu/admissions  
740.593.4100 telephone  
740.593.0560 fax

## COUNSELOR INFORMATION FORM

To the freshman applicant:

Please complete the following personal information and give this form to your high school guidance office when you request a transcript.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Please remember to have your ACT and/or SAT scores sent directly to Undergraduate Admissions from the testing agency. Our ACT code is 3314 and the SAT code is 1593. Freshman applicants must take either the ACT or the SAT. If you have been out of school for more than one year, test scores are not required unless specifically requested by Undergraduate Admissions.

To the counselor:

The above student has submitted an application to Ohio University. To assist us in accurately evaluating and processing the application, please send an official high school transcript. We would also appreciate your help in providing the following information for this student. Please note that the accurate reporting of the student's G.P.A. will help Ohio University in admissions and financial aid decisions. If you are submitting the student's transcript electronically this form is recommended but not required:

School CEEB Code: \_\_\_\_\_

Student's cumulative G.P.A.: \_\_\_\_\_

The G.P.A. scale for school is:  4.0  5.0  100% other, please specify: \_\_\_\_\_

The G.P.A. reported is:  weighted  unweighted

Student's rank \_\_\_\_\_ in class of \_\_\_\_\_  
*Weighted (if appropriate)*      *Unweighted (if appropriate)*      *Number of students*

We do not rank.

Please rate the rigor of the student's selected curriculum relative to the available courses at your school:

- Most rigorous available
- Above average rigor
- Average rigor
- Below average rigor

Counselor, please share any additional information about this student that you think would be beneficial for Undergraduate Admissions to know (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Counselor's Name (Print)*

\_\_\_\_\_  
*Counselor's Signature*

\_\_\_\_\_  
*Date*