

**HIGH SCHOOL COUNSELOR CONFIDENTIAL FORM**

Supplemental Statement from Counselor or from Core Academic Teacher **only**

**HIGH SCHOOL STUDENT SHOULD COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Parent's Name (s) Student's Date of Birth (MO/DA/YR)

( \_\_\_\_\_ ) \_\_\_\_\_  
Home Telephone Number E-mail address

Semester/year for which you are applying:

Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

\_\_\_\_\_  
High School Name CEEB/ACT Code Number

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Counselor's Name

**HIGH SCHOOL COUNSELOR SHOULD COMPLETE THE FOLLOWING:**

Compared with other college-bound seniors in your school, the academic rigor of this student's curriculum is:

AP/IB  Honors  Above Average  Average  Below Average

How would you compare the applicant to his/her classmates? (Please check only one.)

	No Basis	Average	Good	Excellent
1. Difficulty of student's academic program compared to that of other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Intellectual promise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Academic achievement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Strength of character?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commitment to leadership/public service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please calculate the applicant's grade point average for all coursework grades 9-11 on a 4.0 scale  
\_\_\_\_\_/4.0 Unweighted GPA \_\_\_\_\_/4.0 Weighted GPA

Check the rank that best describes the applicant's position in their graduating class. If your school does not rank, please provide your best estimate.

Top 10%  Top 25%  Top 50%  Below Top 50%

Class rank (if applicable) \_\_\_\_\_ out of \_\_\_\_\_ Weighted \_\_\_\_\_ Unweighted \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ years

Please provide us your honest recommendation regarding the applicant's preparation for study at North Carolina Central University.

Highly Recommend  Recommend  
 Recommend with Reservation  Do Not Recommend

The Office of Undergraduate Admissions at North Carolina Central University would greatly appreciate any candid comments offered about the applicant's academic potential, discipline, intellectual capacity, motivation, maturity, integrity, creativity, and other personal traits. You may attach a separate sheet, if necessary.

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**PLEASE ATTACH YOUR HIGH SCHOOL'S PROFILE WITH THIS FORM.**

\_\_\_\_\_  
Counselor's Name (Please print)

May we contact you?  Yes  No

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

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

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

Thank you for taking the time to complete this recommendation form. Return to:  
**NORTH CAROLINA CENTRAL UNIVERSITY**  
**UNDERGRADUATE ADMISSIONS OFFICE**  
**617 LAWSON STREET, DURHAM, NC 27707**