General Instructions: The front of this Secondary School Report should be completed by the student’s guidance counselor. The counselor or a teacher of the student’s choosing should complete the Counselor/Teacher Recommendation on the opposite side of this form. If you have questions, please contact the Office of Admission at 800.213.2178. Send the Secondary School Report and transcript to:

Hanover College Office of Admission, 517 Ball Drive, Hanover, IN 47243-0108

Student’s Name (PLEASE PRINT) ____________________________________________

Address __________________________________________ City __________________ State_____ Zip_______

High School ______________________________________ CEEB Code ____________

Address __________________________________________ City __________________ State_____ Zip_______

☐ Public  ☐ Private  ☐ Parochial

Counselor’s Name ______________________________ Email ____________________________________________

Phone________________________________________ Fax ____________________________________________

Percentage of class attending:  Four-Year _____  Two-Year _____ institutions

Student’s unweighted G.P.A. _________  weighted G.P.A. ___________  (Please provide both if school weights GPA)

Grading Scale  ☐ 4.0  ☐ 5.0  ☐ 10.0  ☐ 12.0  ☐ Other ________

Student ranks__________________ in a class of _____________  ☐ We do not rank

Number of AP courses offered _________  Number of IB courses offered _____________

The student’s course selection among those available at your school is

☐ Most Demanding  ☐ Demanding  ☐ Average  ☐ Below Average

Absences  Grade 9____  Grade 10____  Grade 11____  Grade 12____

Please include any relevant information you may have for absences in excess of five (5) per academic year.

___________________________________________________________

For Indiana students only.

Will student receive Academic Honors Diploma or Core 40 with Technical Honors Diploma?  ☐ Yes  ☐ No

Is the student a 21st Century Scholar?  ☐ Yes  ☐ No
Counselor/Teacher Recommendation

This form is handled with great care to ensure confidentiality. We value your comments and ask you to submit a letter of recommendation in the knowledge that it will be used in the admission process and becomes part of the student’s record while attending Hanover College. Since its founding in 1827, Hanover College has emphasized a classic liberal arts education, characterized by the study of a number of academic disciplines, active participation in one’s education with the faculty, and a substantial amount of reading and writing. As you write your recommendation, please give us an assessment of this student’s academic ability and his/her personal character. Your recommendation and comments will be held in strict confidence and will not be shared with the student applicant.

I recommend this student:  □ Enthusiastically  □ Strongly  □ With reservations  □ I do not recommend this student

I would like to discuss this student further. Please call me at the following telephone number ___________________________

Name of Recommender (PLEASE PRINT) ________________________________________________________________

Title of Recommender __________________________________________________________

Signature _________________________________________________________ Date __________________________