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, P.O. Box 108, 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.**

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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 ____________________