

**OFFICE OF ADMISSIONS**

**High School Transcript Supplement  
and  
Counselor/Teacher Statement**

(REQUIRED FOR ALL FRESHMAN APPLICANTS)



Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (Voluntary, used for university record keeping.)

TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR OR TEACHER (IF KNOWN):

Class rank: \_\_\_\_\_ Class size: \_\_\_\_\_, covering a period from \_\_\_\_\_ to \_\_\_\_\_ (mm/yyyy)

Cumulative GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale, covering a period from \_\_\_\_\_ to \_\_\_\_\_ (mm/yyyy)

This GPA is  weighted  unweighted. The school's passing mark is \_\_\_\_\_.

**Please attach a copy of the student's Senior Year schedule if it is not shown on the transcript.**

HOW WOULD YOU COMPARE THE APPLICANT TO HIS OR HER CLASSMATES? (PLEASE CHECK ONLY ONE BOX IN EACH CATEGORY.)

	No Basis	Below Average	Average	Good	Excellent
1 Difficulty of student's academic program	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3 Academic achievement	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
5 Commitment to leadership / public service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Please check one of the following:
- Highly recommend this student
  - Recommend this student
  - Recommend with reservations
  - Have no basis for judgment

COMMENTS:

The Admissions Committee finds personal comments to be a very helpful guide in the admissions decision process. We greatly appreciate any additional information you would like to provide regarding this applicant. Feel free to attach a separate recommendation.

\_\_\_\_\_  
Counselor/Teacher Name and Title (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor/Teacher Signature

\_\_\_\_\_  
High School

\_\_\_\_\_  
CEEB Number

\_\_\_\_\_  
High School Telephone Number

RETURN TO: OFFICE OF ADMISSIONS  
CPO #1320  
One University Heights  
Asheville, NC 28804-8502  
(828) 251-6481 or (800) 531-9842  
WWW.UNCA.EDU