



BALDWIN-WALLACE COLLEGE
POST-SECONDARY ENROLLMENT OPTIONS PROGRAM
HIGH SCHOOL GUIDANCE COUNSELOR FORM

PART II

This section of the application should be completed by the **high school guidance/college counselor or high school principal**. Your application will not be processed without this section having been completed in its entirety.

Student's Name _____
Last First Middle

High School _____ CEEB Code _____

Anticipated Date of Graduation (month/year): _____ / _____

The student's cumulative grade point average is _____ on a _____ scale. Weighted Unweighted

The student's current class rank is _____ in a class of _____. (If not ranked, _____ decile.)

Is the applicant enrolled in the high school college preparatory curriculum? Yes No

Honors or AP classes attempted or completed (check all that apply): Honors AP

What percentage of your school's graduating class usually enrolls in a four-year college or university? _____%

ACT/SAT or PLAN/PSAT Test scores are posted on the student's transcript.

ACT/SAT or PLAN/PSAT Test scores are NOT posted on the student's transcript and have been requested to be sent to Baldwin-Wallace College from the testing agency.

Please rate this student in the following areas:

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide specific comments regarding the student's goals and motivation for participating in the program. Include any special factors that might contribute to the student's success at Baldwin-Wallace College for PSEOP (a letter of recommendation on a separate page is also acceptable). _____

COURSES

Please list in order of preference the course(s) the student would like to take at Baldwin-Wallace. An updated listing of course descriptions, dates and times is available on the B-W Web site: www.bw.edu/resources/registration/schedules/.

COURSE NUMBER	NAME	DATE AND TIME
<i>Example</i> : ART-110F-S01	Drawing 1	10:00-11:40 a.m. M/W

If the requested course(s) is unknown, please indicate general subject areas of interest and when the student would be available to take a Baldwin-Wallace course. Also include any notes regarding restrictions that would be beneficial for the student's scheduling.

Send the completed guidance counselor form and recommendation directly to Baldwin-Wallace College. Please include a signed, official transcript showing grades of all course work completed as well as a listing of course work in progress. In addition, please include any recorded test results from the ACT/SAT or PLAN/PSAT, or instruct the student on how to have the results sent to Baldwin-Wallace College.

To be signed by the high school guidance/college counselor or the high school principal:

I fully advised this student and his/her parents/guardians of all the available options and ramifications involved with the Post-Secondary Enrollment Options Program (PSEOP). As the student's counselor/principal, I understand it is my responsibility to monitor the student's progress toward high school graduation and to assist the student with course selection each semester the student enrolls in courses at Baldwin-Wallace College. It is also my opinion that the student possesses the maturity and academic ability necessary to complete college level course work.

Signature of Counselor or Principal _____ Date _____

Printed Name of Counselor or Principal _____

Title _____

Office Phone (_____) _____ E-mail _____