

TO THE APPLICANT: After completing the information below, give this form to your guidance counselor, along with a stamped envelope addressed to the Office of Undergraduate Admissions (see below).

Freshman Applicant Fall 2008

- Early Decision (postmark: Feb. 15)
- Regular Decision (postmark: Feb. 15)

Return to: Office of Undergraduate Admissions • Johns Hopkins University • Mason Hall • 3400 N. Charles Street
Baltimore, MD 21218-2683 • (410) 516-8171 • Fax (410) 516-6025 • apply.jhu.edu • gotojhu@jhu.edu

Date of birth (month) _____ (day) _____ (year) _____ U.S. Social Security number _____ - _____ - _____
 Legal name (last) _____ (first) _____ (middle) _____
 Permanent address (number) _____ (street) _____
 City _____ State _____ Country _____ Zip _____

TO THE SECONDARY SCHOOL COUNSELOR: Complete the following regarding the applicant's academic performance for the first semester/trimester of the current year. *Please do not submit this form until midyear senior grades are available (end of first semester/trimester).* If you prefer, you may attach your own grade report form or a copy of the high school transcript. Feel free to provide any additional comments about the candidate on the reverse of this form or on a separate sheet of paper. Be sure to sign below.

Indicate if marking period is trimester semester Secondary school graduation date _____

<u>Course (include title and level)</u>	<u>Grade</u>	<u>Remarks</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If available, please provide updated class rank or cumulative GPA through the senior fall semester/trimester. Class rank is now _____ in a class of _____. The rank is weighted unweighted. Cumulative GPA is now _____. The GPA is weighted unweighted.

The school's passing mark is _____. Have there been any substantial additions to or changes in this candidate's academic, extracurricular, or character record since your previous report? Yes No **If yes, or if your recommendation for this student has changed since the Counselor Evaluation was submitted, please comment on the reverse.**

Counselor's name (please print or type) _____ Signature _____
 Position _____ School _____
 Counselor's address _____ Date _____
 Counselor's phone (area code) _____ (number) _____ (ext.) _____ Counselor's fax _____
 High school CEEB code _____ - _____ Counselor's e-mail _____

Please detach along perforation.

Please use the space below, or a separate sheet of paper, for additional comments.

CONFIDENTIALITY

We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files which may include forms such as this one. Johns Hopkins does not provide access to admissions records to applicants, those students who are denied admission, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation. Johns Hopkins is committed to administering all educational policies and activities without discrimination on the basis of race, color, gender, religion, sexual orientation, gender identity or expression, national or ethnic origin, age, marital status, pregnancy, disability, veteran status, or any other legally protected characteristic. The admissions process at private undergraduate institutions is exempt from the federal regulation implementing Title IX of the Education Amendments of 1972.