

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:

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

	No Basis	Average	Good	Excellent
1. Difficulty of student's academic program compared to that of other students	___	___	___	___
2. Intellectual promise	___	___	___	___
3. Academic Achievement	___	___	___	___
4. Strength of Character	___	___	___	___
5. Commitment to leadership/public service	___	___	___	___

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

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.

COMMENTS:

Counselor/Teacher Name and Title (Please print)

Date

Counselor/Teacher Signature

High School

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

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