

COUNSELOR/TEACHER EVALUATION AND TRANSCRIPT REQUEST

TO THE APPLICANT: Please print or type. Please do not fold or staple.

Complete the section below and give this form to your secondary school counselor, principal, teacher, or headmaster. Sign your name below only if you agree to waive your right of access to review this evaluation and report.

Full Name _____

FIRST (GIVEN)

MIDDLE

LAST (FAMILY)

1. Mailing Address _____

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY (IF NOT U.S.)

2. Official School Name _____

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY (IF NOT U.S.)

SIGNATURE

DATE

TO THE COUNSELOR/TEACHER: This student is applying for admission to Illinois Institute of Technology. A full and candid report from your school will be essential to our understanding of this candidate. We therefore ask a school official who knows the applicant well to rate and comment on this student's academic ability and character. **You need not provide information that is included on the transcript.**

The Admission Committee considers this confidential. Students who waive their right of access by signing above will not have access to this evaluation. Please send a copy of your school's profile and the student's high school transcript with this form.

Please complete and return this form as soon as possible to the address provided at the end of this evaluation form.

STUDENT INFORMATION Please print or type. Please do not fold or staple.

1. Date student entered your school _____ Date student graduated or will graduate _____
MONTH/YEAR MONTH/YEAR

If this applicant withdrew from your institution, when did he or she do so? _____
MONTH/YEAR

2. This applicant is ranked _____ out of _____ Weighted Unweighted
RANK IN CLASS CLASS SIZE

This rank covers the period from _____ through _____
MONTH/YEAR MONTH/YEAR

If precise rank is unavailable, please indicate rank to the nearest 5 percent from the top _____

3. This applicant has a grade point average of _____ on a grading scale maximum of _____ Weighted Unweighted
GPA

4. Type of school calendar: Block Semester Trimester

5. List other secondary schools student attended _____

SCHOOL INFORMATION

1. Type of school: Public Private Parochial International

2. What percentage of last year's graduating class is attending a four-year college? _____ a two year college? _____

3. Are AP, IB, and/or honors courses available in the curriculum at your school? Yes No

If yes, how many of these courses are AP or IB? _____
PLEASE INDICATE NUMBER

4. If a profile of your school is available, please include it with the transcripts.

(continue)

COUNSELOR RATINGS Please evaluate the applicant on the scale below.

	No Basis for Judgement	Below Average	Average	Above Average	Excellent	Truly Outstanding
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts well with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts well with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognized for activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognized for leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognized for creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts well to change or the unexpected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functions well on a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY APPRAISAL (optional)

Please submit a written summary appraisal of the applicant, assessing personal and academic qualities and promise as an IIT student. We are particularly interested in evidence of character, maturity, independence, sincerity, and any special talents or qualities. We are also interested in specific events or unusual circumstances that will give us added insights into the strengths and weaknesses of the applicant. Please enclose any additional sheets with this form.

I recommend this applicant for admission to Illinois Institute of Technology:

	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name _____ Position _____
PRINT OR TYPE

Length of time acquainted with applicant _____

Telephone (_____) _____ Email _____
AREA CODE

Signature _____ Date _____

Please mail or fax your completed evaluation, transcript, school profile, and summary appraisal to IIT to the address below.

Office of Admission
Illinois Institute of Technology
10 West 33rd Street
Chicago, IL 60616-3793
 Fax: 312.567.6939



Please call the Office of Admission at 312.567.3025 or 800.448.2329 if you have any questions.