Counselor Information Form

Please print legibly in black ink.

Student: Complete Part I and give this form to your high school guidance counselor or principal to complete. Your application will be held incomplete until this form is received.

Part I (to be completed by the student)

Student Name:_____________________________________________________________________________________________________________
First/Given Middle Last/Family

High School:_____________________________________________________________________________

Date of Birth:_______________________

Address:________________________________________________
City:___________________________ State:_______ Zip:_____________________

E-mail:________________________________________________________ IUPUI Online Application Number:____________________________

If you are currently enrolled in high school, please list your entire senior year schedule. Do not leave this section blank and do not refer us to your schedule or transcript.

First Semester
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

Second Semester
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

Counselor or Principal: If you are able to send the transcript electronically to IUPUI, we prefer that you do so and it is not necessary to complete this form. Otherwise, please complete the questions below, attach an official copy of the student’s transcript, test scores, and verify the student’s senior year schedule as listed above. Return this form and the documents to our office.

Part II (to be completed by High School Counselor or Principal)

Applicant ranks ____________ in a class of ____________ Indiana eTranscript Student Testing Number (STN):______________

Current grade point average ____________ on a (circle scale) 4PT 5PT 6 PT 8PT 10PT 12PT ____________ other scale

Date of graduation (mo/yr): ______ / ______ Your College Board code: __________________________________

SAT I (writing score required): CR: _________ MA: _________ WR: _________ ESSAY: _________ Test date (mo/yr): ______ /______

SAT I (writing score required): CR: _________ MA: _________ WR: _________ ESSAY: _________ Test date (mo/yr): ______ /______


For Indiana residents only (check if appropriate):

a. Student will receive: ☐ academic honors diploma ☐ Core 40 diploma

b. Has the student passed the ISTEP+ (GQE)? ☐ Yes ☐ No

Counselor name:________________________________________________________ Title:__________________________ Phone:________________________

Counselor e-mail:____________________________________________________________________________________________________________

Counselor signature:________________________________________________________________________________________________________

FEES WAIVER: All student applicants must submit an application fee or request a waiver using a College Board, NACAC, or ACT Waiver Form. High School counselors may request a fee waiver on school letterhead.

COUNSELOR RECOMMENDATION: Please attach any comments on a separate piece of paper.