

Academic Data

SUBMIT TO GUIDANCE COUNSELOR FOR COMPLETION

The Academic Data Form is required unless your Guidance Counselor submits the NACAC Secondary School Report Form.

FIRST TIME FRESHMEN: The following information is required and needs to be completed by your Guidance Counselor. Homeschool students please have the Guardian overseeing your education complete this form. Official final high school transcript required and should be requested from high school Guidance Office.

TRANSFER APPLICANTS: Fill out your name, the name of your high school, city, state and graduation year. Official final high school transcript is required. Complete the Transfer Data Section at the bottom of this page.

GUIDANCE COUNSELOR USE ONLY: Please complete the following information and attach the student's official transcript.

Name of Student (please print) _____

Name of High School _____ Graduation Year _____

Address _____ City _____ State _____ Zip _____

School Telephone _____/_____ Ext. _____ ACT/CEEB code number _____

Is your school: Public Private Parochial Homeschool

Percentage of Class Attending: Four-Year _____ Two-Year _____ institutions.

Grading Scale: 4.0 5.0 10 100 Other: _____

Student's GPA: weighted _____ un-weighted _____ Student ranks _____ in a class of _____

The student's course selection, among those available at your school is: most demanding demanding
 average below average

Guidance Counselor's Signature _____ Print Name _____

Scholastic Aptitude Test (SAT/ACT) is required

SAT will be taken Date: _____ Verbal/Critical Reading _____ Math _____ Writing _____

ACT will be taken Date: _____ E _____ M _____ R _____ S _____ Composite _____

Please list all other high schools the student has attended **or colleges or universities attending while in high school** (list number of credits)

Name of school	Location (City, State, Zip)	Dates attended	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRANSFER STUDENT DATA

Please list all colleges or universities attended (list number of credits where applicable)

Name of school	Location (City, State, Zip)	Dates attended	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are not attending school at the present time, please describe your current activity: _____

How many credits will be considered for transfer to GCC? _____ Location where course was taken: High School College

Course instructor: High School Teacher College Professor Method of delivery: Teacher in Classroom Setting Online

Are you a student in good standing? Yes No Academically? Yes No Socially? Yes No

Are you a member of Phi Theta Kappa? Yes No

If you are a transfer student, what are your reasons for desiring to transfer? _____