

MID-YEAR SCHOOL REPORT

First-Year

Student's Name _____
*last first middle*Address _____
number/street/apartment city state/zip code country

Student

Fill in the top section of this form before giving it to your counselor, principal or headmaster for completion. Also, indicate to your counselor the deadline for submission of this form by checking the appropriate box to the right. In requesting that your adviser submit this form, you are authorizing the school to provide all information requested.

Please submit by:

- Early Decision I End of 1st Quarter/Trimester
 Early Decision II End of 1st Trimester/Semester
 Regular Decision End of 1st Trimester/Semester

Counselor

This Mid-Year School Report is to be used to report the applicant's grades for the most recent marking period. This information is *very important* to our evaluation of this candidate.

CONFIDENTIALITY: Federal law mandates that only *enrolled* students have access to their educational records. Prior to actual matriculation (e.g., during the admission process), applicants do *not* have this right of access. Macalester College guarantees the strict confidentiality of your recommendation because it will be destroyed prior to the student's enrollment and will not become part of his/her educational record.

Cumulative Grade Average Applicant's most recent cumulative GPA is _____ on a _____ scale Weighted (preferred) **GPA** covers a period from _____ to _____
 Unweighted

Rank in Class Applicant ranks _____ in a class of _____ If the exact rank is not available, please indicate approximate rank from the top: _____ decile Weighted (preferred)
 How many students share this rank? _____ Unweighted **Rank** covers period from _____ to _____

List this student's first-term classes and grades received (or attach your own form/transcript with all information included):

Level (Advanced, Honors, AP, IB)	Subject/Course Title	Grade	Does course continue through final term?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any additional courses the applicant is taking during the final term of this school year:

Level	Subject/Course Title	Level	Subject/Course Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please comment if there are any changes in this student's academic record, co-curricular involvement and/or personal actions that are significant. If the student has been dismissed, suspended or subject to any school-related or legal disciplinary action, please explain here (or on a separate sheet).

Counselor's Name _____ Title _____
print or type

School _____ E-mail _____

School Address _____ School Phone (_____) _____
number/street *area code* *number*

_____ School Fax (_____) _____
city *state/zip code* *country* *area code* *number*

School Code Number _____ Date _____ Signature _____

Please mail to:

Office of Admissions, Macalester College, 1600 Grand Avenue, St. Paul, Minnesota 55105-1899, U.S.A. Toll free: (800) 231-7974 FAX: (651) 696-6724