

Applicant: Please complete the information in the box below and submit this form to your guidance counselor along with any application materials you wish to submit by mail. If possible, your guidance counselor should send ALL application materials you wish to submit by mail together to Syracuse University.

Please type or print.

AccessOrange Number _____
(if available)

Name _____
Last (Family) First (Given) Middle (in full) Nickname (if any)

Address _____

City/Town State (if applicable) Zip/Postal Code (if applicable) Country

Home phone number _____ **Date** _____
Area Code or Country/City Code

Admission Classification: Spring Early Decision (Fall) Regular Decision (Fall)

Counselor: It would be helpful if you could send all application materials the student wishes to submit by mail in the same envelope. A candid estimate of academic performance will help the Admissions Committee reach a decision. Nongraded/unranked school systems must provide some type of academic assessment of the individual in relation to peers. **If you choose to submit a separate recommendation, we request that you include all the information contained on this form.**

High School _____ **City** _____ **State** _____

CEEB Code _____

Public Parochial Independent **Student's Graduation Date** _____

Grade Point Average _____ on a scale of _____ This GPA is weighted OR unweighted
 for all subjects OR academic subjects only

Numeric Average _____ on a scale of _____

Please select the appropriate description of the applicant's curriculum.

below average average demanding very demanding most demanding possible

Student's Class Standing

Class Rank _____ Class Size _____ This rank is weighted OR unweighted We do not rank
 for all subjects OR academic subjects only

Student's Standardized Test Results

SAT Date _____ Reading _____ Math _____ Writing _____ Essay Subscore _____
Month/Year

Date _____ Reading _____ Math _____ Writing _____ Essay Subscore _____
Month/Year

ACT Standardized Tests Date _____ Composite _____
Month/Year

English _____ Math _____ Reading _____ Science Reasoning _____ Writing Test Subscore _____

TOEFL Date _____ Score _____ Written Computer-based test Internet-based test (iBT)
Month/Year

IELTS Date _____ Composite _____
Month/Year

(over)

New York State Counselors Only: In your opinion, would you recommend this student for participation in the Higher Education Opportunity Program (HEOP)?

Yes No

Counselor Statement:

Please comment on the student's academic ability, performance, and character. Attach additional pages if more space is needed.

Counselor's Name _____

Counselor's Signature _____ Date _____

Counselor's Phone Number (_____) _____ Fax Number (_____) _____
Area Code *Area Code*

E-mail Address _____

If mailing hard copies of materials, they should be sent together if possible.

