

STEVENS INSTITUTE OF TECHNOLOGY

Application Due Date Freshman: Early Decision I - November 15 Early Decision II - January 15 Regular Decision - February 1
Transfer: Fall semester - July 1 Spring Semester - December 1

SECONDARY SCHOOL REPORT

APPLICANT: Fill in the following information and then give this form to your guidance or college counselor to complete immediately and return to Stevens.

Name Mr. _____
 Miss _____
 Ms. _____
last first middle

Addresses - Home _____
street city state zip county country

Mailing _____
(if different than home) street city state zip county country

Telephone () _____ () _____
home additional/preferred number

High School _____ CEEB Code _____
name

Address _____
street city state zip county country

Dates of Attendance _____ to _____ GPA _____ Rank _____ / _____
month / year month / year

Other school(s) attended since ninth grade, if applicable

_____ name city / state dates of attendance (month / year to month / year)

Transfer Applicants - Please complete this section

College _____ CEEB Code _____
name

Address _____
street city state zip county country

Dates of Attendance _____ to _____ GPA _____
month / year month / year

Other institutions attended, if applicable, most recent first

Institution	Location	Dates of Attendance	Program/Degree Awarded
_____	_____	_____	_____
_____	_____	_____	_____

Current Schedule - List all courses you are taking this year; indicate level, if applicable (Honors, Advanced Placement, etc.) and duration (half/full semester)

First semester

Second semester

Signature _____ Date _____

RECOMMENDATION

Guidance/College Counselor: Please write an appraisal of the applicant, assessing the academic and personal qualities, as well as the potential of becoming a Stevens student. (Photocopied reports or an evaluation on letterhead are acceptable.)

attach official transcript here

Check the appropriate score based on your knowledge of the applicant in comparison to your other four-year college prep students.

	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Excellent (Top 10%)</i>	<i>Truly Outstanding (Top 3-5%)</i>	<i>One of the top few I've ever met</i>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your knowledge of the student: only through records see occasionally know well personally

Do you have any reason to doubt this student's academic or personal integrity? no yes, please elaborate

Has this student ever been suspended, expelled, or subject to other disciplinary action? no yes, please elaborate

Signature _____ Date _____

Print Name _____ Title _____

Best time to reach you for questions, if necessary _____ Telephone/E-mail _____