Part 1. Student information—to be completed by the applicant.

Note to the student—Please complete Part 1 and submit this form to your guidance counselor or principal to complete Part 2. Your application will not be processed until the admissions office receives your official high school transcript and official SAT and/or ACT scores.

1. Student’s name
   Last
   First
   Middle

2. Birth date

I authorize my high school to release my scholastic records (and, when necessary, a supplementary transcript) to Michigan Technological University.

Signature of applicant __________________________ Date __________________________

Part 2. High school counselor information—to be completed by your school (for first-year applicants only).

Note to the counselor—This student applied for admission to Michigan Technological University using the free online application. Please complete Part 2, sign, and return to the Michigan Tech Admissions Office along with an official copy of the student’s high school transcript. Transcripts may also be submitted using a transcript service such as Parchment.

1. High school name ____________________________________________________________________ ACT/College Board high school code ____________
   School address ____________________________________________________________________________________________________________________________________________
   School telephone number __________________________

2. Is the student in school now? ____________________ Graduated ____________________ Will graduate ____________________ Withdrew ____________________

3. Class Rank This student ranks ____________________________________________ in class of ____________________
   If precise rank is unavailable, please provide an estimate __________________________________________

4. Cumulative GPA (on a 4.0 scale) _____________________________________________________

5. Standardized Test Results Include one set of scores per box as well as the test date. Do not superscore.

<table>
<thead>
<tr>
<th>New SAT</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date</td>
<td>Evidence-Based Reading and Writing</td>
</tr>
</tbody>
</table>

   | Test Date | Evidence-Based Reading and Writing | Math | Total |

   | Test Date | Evidence-Based Reading and Writing | Math | Total |

   | Test Date | Critical Reading | Math | Writing |

6. Estimate of Applicant’s Success

☐ Will probably be an above-average student.

☐ Will probably be an average student.

☐ May have some difficulty and should have special guidance and attention.

7. Comment Please share additional comments or information that you feel would be helpful to the admissions committee when evaluating this applicant. Be sure to include any of the student’s life circumstances that may have influenced his or her academic record.

___________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________________

☐ Please contact me for significant additional information.

Signature of school official __________________________________________ Telephone number (_______)
   Area code         Number __________

Position __________________________________________ Date __________________________