

Application for Concurrent Enrollment Ohio Wesleyan University

Counselor or Principal Recommendation

High School Student: Complete the top portion of this form and give it to your high school counselor or principal. He or she will complete the form and send it directly to the Office of Admission at Ohio Wesleyan University.

Applicant: _____
Last Name First Name M.I.

Social Security Number: _____ - _____ - _____

High School Counselor or Principal:

A. Applicant's rank in his/her high school class (2nd of 230, for example)

_____ of _____ (top 10%)

B. Applicant's high school grade point average: _____ (3.5+)

If not on a 4.0 scale, please indicate scale used: _____

C. Applicant's ACT score: (Check here if not available) (27 or 24 PACT)

ACT Composite: _____ or PACT Composite _____

D. Applicant's SAT score: (Check here if not available) (1200 or 110 PSAT)

Verbal: _____ Math: _____ or PSAT: Verbal: _____ Math: _____

E. College Preparatory Units to be completed by the end of this academic year:

English Science Social Studies
Mathematics Language Fine Arts Total = _____

F. Do you recommend this student for Concurrent Enrollment at Ohio Wesleyan University?

Yes No

Please complete your recommendation with a written statement on the back of this page.

Signature _____ Date _____

Name (printed) _____ Title _____

High School _____

Fall (due 6/15) Spring (due 12/1)

Ohio Wesleyan University
Office of Admission
61 S. Sandusky St.
Delaware, OH 43015