

# Counselor or Principal Recommendation

## *Concurrent Enrollment*

### Ohio Wesleyan University

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 (example: "2nd of 230"): \_\_\_\_\_ 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