

TO BE COMPLETED BY THE APPLICANT

After completing all the relevant questions below, give this form to your secondary school counselor or another school official who knows you well.

- How are you applying to Wesleyan? Early Decision (Binding) (by December 15)
 Regular Decision/Scholarship Priority (by November 15)
 Regular Decision (applications accepted until classes full)

Legal name _____
Last (Enter name exactly as it appears on official documents.) First Middle (complete)

Birth date _____ Social Security # _____
mm/dd/yyyy (Optional)

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend _____ CEEB/ACT code _____

Current year courses—please indicate title, level (AP, IB, advanced honors, etc.) and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

First Semester/Trimester	Second Semester/Trimester	Third Trimester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf unless you waive your right to access.

- Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
 No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling.

Signature _____ Date _____

I authorize all secondary schools I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.

Signature _____ Date _____

TO BE COMPLETED BY THE SECONDARY SCHOOL COUNSELOR

Use this form to describe the applicant. If you need more space, feel free to attach additional information. An official copy of the applicant's transcript should be included indicating courses completed, current semester courses, record of testing to date, and designated honors or accelerated coursework. Include, if available, a school profile and transcript legend. The materials submitted in this report are subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). Your recommendation will be used only for admission purposes and will not become part of the student's permanent record. Return this form with an official transcript prior to the deadline indicated above to: Office of Admission, Wesleyan College, 4760 Forsyth Road, Macon, Georgia 31210-4462, Fax: 478-757-4030. Thank you for your time and effort.

Counselor's name (Mr./Ms./Dr., etc.) _____
Please print or type

Signature _____ Date _____
mm/dd/yyyy

Title _____ School _____

School address _____
City/Town State/Province Country ZIP/Postal Code

Counselor's phone (_____) _____ Counselor's fax (_____) _____
Area Code Number Ext. Area Code Number

Secondary school CEEB/ACT code _____ Counselor's e-mail _____

