



GROVE CITY COLLEGE SCHOOL REPORT FORM

First-time Freshman Applicants: In addition to an official high school transcript, the following information is required and must be completed by your school counselor. Homeschooled students, please have the parent/guardian overseeing your education complete this form and submit it with your high school transcript. Send completed forms to the Office of Admissions in one of the following ways:

Email: admissions@gcc.edu

Mail: Grove City College, Office of Admissions, 100 Campus Drive, Grove City, PA 16127

Fax: 724-458-3395

SCHOOL COUNSELOR USE ONLY: Please complete the following information and attach the student's official transcript. If you submit the NACAC Secondary School Report Form through Naviance/Parchment, you do NOT need to submit this additional form.

Student and School Information

Name of Student (please print) _____ Graduation Year _____

Name of High School _____

Address _____ City _____ State _____ Zip _____

School Telephone _____ / _____ Ext. _____ ACT/CEEB code number _____

School Type: Public Private Parochial Homeschool

Percentage of Class Attending: Four-Year _____ and Two-Year _____ Institutions

Grading Scale: 4.0 5.0 10 100 Other: _____

Student's GPA: Weighted _____ Un-weighted _____ Student ranks _____ in a class of _____.

The student's course selection, relative to courses available at your school is: Below Average Average
 Demanding Most Demanding

SAT, ACT, or CLT score results (optional for admission and scholarship consideration, but encouraged if available)

SAT was/will be taken: Date _____ Verbal/Critical Reading _____ Math _____

ACT was/will be taken: Date _____ E _____ M _____ R _____ S _____ Composite _____

CLT was/will be taken: Date _____ VR _____ GW _____ QR _____ Composite _____

College Credit Information

Please list all other high schools and/or colleges/universities the student has attended while in high school (and please include credits earned, as applicable).

Name of School	Location (City, State, Zip)	Dates Attended	Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____

Location where student completed or is currently taking college-level course(s): High School College

Counselor's Signature _____ **Print Name** _____ **Date** _____

Counselor's Email _____