Illinois State University
High School Counselor Certification Page

Student Name: _____ **Birthdate**:_____

High School Courses in Progress and Counselor Certification: To be filled out by the student and certified by the high school counselor or principal.

Please list senior-year courses. Do not include physical education courses. Use complete course titles.

Seventh-semester courses	***Eighth-semester courses***

Which semester will the student's graduation requirements be met?

- ☐ Sixth
- ☐ Seventh
- ☐ Eighth

Does this high school use block scheduling? *(9-week classes receive 1/2-yr credit; 18-week classes receive 1-yr credit.)*

- ☐ Yes
- ☐ No

Provide Highest ACT and/or SAT Test Score:

ACT _____

Month /Year English Mathematics Reading Sci. Reas. Composite

SAT _____

Month/ Year Verbal Math

Class Rank _____

Rank Class size Semester (sixth, seventh, or eighth)

Cumulative GPA _____

GPA / Scale

Student Qualifies for the free and reduced lunch program?

- ☐ Yes
- ☐ No

Certification by high school counselor or principal – By signing below, I verify that the information provided is accurate.

Signature *Print Name* *Title*

High School *Date*