

# COLLEGE of the OZARKS®

Admissions Office, PO Box 17, Point Lookout, MO 65726  
Office: 417-690-2636 Fax: 417-690-2635 admissions@cofo.edu

## High School Transcript Request/Counselor Form

### TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT)

Instructions: Use this form to request your high school transcript. The applicant completes the applicant information section. Your high school counselor or principal completes the remainder. For home-educated students: Please have your primary educator complete the information requested.

Last Name *(Please print)* First Name Middle Initial

Address City, State, Zip

Phone Email Address

I am applying for admission to College of the Ozarks (C of O) and request that you send an official copy of my high school transcript and other information as requested to the C of O address above.

Applicant's Signature

Date

### TO BE COMPLETED BY COUNSELOR OR PRINCIPAL (PLEASE PRINT)

The person named above is applying for admission to C of O. Please attach an official copy of the applicant's high school transcript with this form. Please provide the information requested below. This form is confidential and will not be returned to the applicant.

1. Student's rank \_\_\_\_\_ Class size \_\_\_\_\_ GPA (on 4.0 scale) \_\_\_\_\_ 2. Anticipated graduation date \_\_\_\_\_

3. This rank is effective at (circle one) End of 6th semester End of 7th Semester Time of graduation

4. If exact rank is not available, please provide an approximate percentile rank \_\_\_\_\_

5. The mission of C of O is to serve students who show financial need. If you are aware of any circumstances which may assist the student in illustrating financial need, please provide that information below.

6. Do you believe the applicant is a good fit for C of O? Please describe why or why not.

Please check one statement below:

\_\_\_\_\_ I recommend this student for admission to C of O.

\_\_\_\_\_ I do not recommend this student be admitted to C of O.

\_\_\_\_\_ I prefer not to make a recommendation.

Please complete the information below, sign, attach transcript, and return to the C of O address above.

Your Name *(Please print)*

Address City, State, Zip

Position/Title Phone

Signature

Date