

Warren Wilson College Evaluation Report Form

The student should complete Section I and submit the form to their High School Counselor, or in the case of transfer applicants, to the College Registrar. After completing Section II A or B and III, the Counselor or Dean should forward the completed form to:

**Warren Wilson College
Office of Admission
PO Box 9000
Asheville, NC 28815-9000**

**If you have any questions, please contact us
in one of the following ways:
FAX: 828-298-1440
Office: 828-771-2073
Toll Free: 800-934-3536**

Section I (to be filled out by all applicants)

Applicant Name _____

Applicant Address _____
first middle last City _____ State _____ Zip _____ Phone _____

Social Security Number _____ - _____ - _____ email _____

Current School Name _____ High School CEEB _____

School Address _____
street city state zip

Counselor's/Dean's Name _____

Counselor's email _____

School Telephone (_____) - _____ School FAX (_____) - _____

I am applying for: Early Decision Regular Decision Early Admission (Call for more information.)

I am a: First Year First Year with College Credit Transfer Readmit Special Non-Degree Seeking

I do do not waive my right of access to this form.

Applicant Signature

Date

Section II A (for First-Year Students - to be completed by the High School Counselor)

Is this school: Public Private Is this school residential? Yes No

Percentage of class attending: Four-Year _____ Two-Year _____ institutions.

Student's current cumulative GPA (on a 4.0 scale): _____ Is this GPA: weighted unweighted

Student ranks _____ in a class of _____. We do not rank ____.

Is there a service requirement at this school? If yes, please describe. _____

Is the student's course selection: Most Demanding Demanding Average Below Average

--- Please Continue on to Section III ---

Section II B (for Transfer Applicants - to be completed by the College Registrar)

Dates attended: _____

Is the applicant eligible to return next session? Yes No

If this student re-entered your institution, would she/he do so in good standing? Yes No

Has the applicant been placed on any type of probation or suspended for any reason? Yes No

If yes, what was the reason? Academic Conduct Other (please explain)

Comments:

Registrar's Signature

Date

Section III (for First Year Students - to be completed by the High School Counselor)

Please attach school profile.

(A letter of recommendation may replace this section.) Please comment on the following items which reference the student's ability and character. Remember that Warren Wilson College has a unique approach to education through its Triad of Academics, Work (15 hours a week), Service Learning (25 hours per year), and a strong commitment to the environment and cross-cultural understanding. **Please contact the Office of Admission if you have any questions or additional comments.**

How familiar are you with Warren Wilson College? Very familiar Familiar By name only Not at all

Is the academic record of this applicant an accurate indication of her/his ability? Yes No

I recommend this student: Enthusiastically Fairly Strongly With Reservation

Academic Ability:

Personal Character:

Other:

Please Print Counselor's Name

Title

Counselor's Signature

Date

