

MOUNT ST. JOSEPH UNIVERSITY

SECONDARY SCHOOL REPORT FORM

Instructions: Students should complete Section I and submit the form to their school counselor. Counselors should complete Section II and forward this form, along with the students' high school transcript, to Mount St. Joseph University.

SECTION I (to be completed by the student)

Date:	Name:				
		(Last, First, Middle)			
Address:					
		(City, State, Zip)			
Telephone: Home ()					
Date of Birth:	Email Ad	dress:			
SECTION II (to be completed by the High Schoo	l Counselor)				
High School:	High School CEEB:				
Counselor's Name:					
Telephone: ()	'elephone: () Fax: ()				
Email Address:					
Percent of class attending: Four-Year	Ty	vo-Year	institutions		
Provide Cumulative GPA on a 4.0 Scale:_	on a 4.0 Scale: 🛛 Weighted 🖬 Unweighted				
Student rank in a class of	t rank in a class of 🛛 Not available				
This student's course selection is: 🛛 Mo	ost Demanding	Demanding 🛛 Avera	age 🛛 Below Average		
SENIOR-YEAR COURSES (or attach schedule)					
First Term:		Second Term:			
Course	Grade	Course		Grade	
Additional Comments:					



MOUNT ST. JOSEPH

Office of Admission 5701 Delhi Road Cincinnati, OH 45233-1670 513-244-4531 | 800-654-9314 *msj.edu* | *admission@msj.edu*



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The University has designated the chief compliance and risk officer, 513-244-4393, Office of the President, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Title IX of the Education Amendments of 1972 and other applicable federal and state civil rights laws. The University has designated the director of Learning Center & Disabilities Services, 513-244-524, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Section 504 of the Rehabilitation Act of 1973.