



2010 Freshman Application for Undergraduate Admission Secondary School Report

Return to: University of Delaware
Office of Admissions
Newark, DE 19716-6210

Telephone: (302) 831-8123
Fax: (302) 831-6905
E-mail: admissions@udel.edu
Web: admissions.udel.edu

Please complete your section of this form in blue or black ink and then give it to your high school counselor. If you applied electronically, please print out this form and give it to your counselor.

1. Applicant's Name _____
Last First Middle Suffix (Jr., III, etc.)

2. Applicant's UD ID# or Date of Birth _____

3. Applicant's Mailing Address _____
Street Address Apartment #/P.O. Box

City State Country Zip Code/Postal Code (if non-U.S.)

TESTING

We require either the SAT or the ACT. (The SAT Subject Tests are optional but strongly encouraged for Honors applicants.) Please note that your scores must be officially reported to us by the College Board (for the SAT) or the ACT Program (for the ACT). Copies of test reports and scores reported on transcripts are not official. **The CEEB code for the University of Delaware is 5811; the ACT code is 0634.**

Please indicate the standardized tests that you have taken or plan to take - **SAT Reasoning Test, ACT, SAT Subject Tests, Advanced Placement (AP),—and TOEFL or ELPT** (English Language Proficiency Test), for international students for whom English is not their primary language.

NAME OF TEST	MONTH AND YEAR (taken or to be taken)	Score

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TO THE APPLICANT:

Please let your counselor know the deadline you are trying to meet by checking the appropriate box below.

DEADLINES FOR SECONDARY SCHOOL REPORT

Fall 2010 Admission

REGULAR DECISION FRESHMAN

Due by:

- December 1 for priority scholarship consideration or if the student is applying to the University Honors Program
- January 15 for admission consideration

COURSES IN PROGRESS

Please list all of the courses that you will complete during your senior year. Note any special designation, such as Honors, Advanced Placement, IB, etc.

COURSE	LEVEL	CREDITS	TERM

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RIGHT TO ACCESS

I authorize the secondary schools and colleges that I have attended to release transcripts, test scores, recommendations, and other information required by the University and to report any disciplinary actions against me, including suspensions or expulsion.

I understand that all credentials submitted in support of this application become the property of the University of Delaware and are not returnable.

- I voluntarily waive my right of access, under the Family Educational Rights and Privacy Act, to all recommendations and any other materials that may be sent to the University of Delaware in connection with my application for admission.
- I do not waive my right.

Applicant's Signature

Date



Name: _____

UD ID# or Date of Birth: _____

HIGH SCHOOL

Full Name of School _____

School Address _____

City _____

State _____

Country _____

Zip Code/Postal Code (if non-U.S.) _____

School's College Board Code _____

Date of Applicant's Entrance to this High School /____/____ Month/Year

Graduation Date/Expected Graduation Date /____/____ Month/Year

TO THE SECONDARY SCHOOL PRINCIPAL, HEADMASTER, OR GUIDANCE OFFICER

- Please complete the remainder of this form.
- Remind students that Delaware requires official SAT and/or ACT scores. The SAT or ACT scores that you provide on your transcript will help us expedite our review, but may not be a part of the final admission decision.
- Attach an official transcript that includes courses in progress and a school profile. Mail these by the indicated deadline to: Undergraduate Admissions, Attention Applications, University of Delaware, Newark, DE 19716-6210.
- **Please send us 1st quarter/mid-semester grades when available.**

Does your school operate on a block schedule? yes no

HIGH SCHOOL ATTENDANCE

Please list any previous high school(s) with the location and dates of attendance.

School Name and Address _____

Dates of Attendance (month/year) _____

APPLICANT'S CUMULATIVE RANK IN CLASS AND GPA

Weighted: The applicant ranks _____ in a class of _____ students. **Unweighted:** The applicant ranks _____ in a class of _____ students.

Weighted GPA: _____ on a scale of _____ **Unweighted GPA:** _____ on a scale of _____

If you use a numerical scale, please indicate the A-B-C-D equivalents: A=_____ to _____; B=_____ to _____; C=_____ to _____; D=_____ to _____

When compared with the college preparatory course selections of other seniors in your school, the difficulty of this applicant's course selection is:

Among the Most Demanding Available Very Rigorous Rigorous Of Moderate Difficulty Of Below-Average Difficulty

What is the highest GPA in this year's senior class? _____

APPLICANT'S TEST SCORES

SAT Critical Reading _____ Math _____ Writing _____ Month/Year _____/____ Critical Reading _____ Math _____ Writing _____ Month/Year _____/____

Critical Reading _____ Math _____ Writing _____ Month/Year _____/____ Critical Reading _____ Math _____ Writing _____ Month/Year _____/____

ACT Composite _____ English _____ Math _____ Writing _____ Month/Year _____/____ Composite _____ English _____ Math _____ Writing _____ Month/Year _____/____

AP Subject _____ Score _____ Subject _____ Score _____

Subject _____ Score _____ Subject _____ Score _____

Subject _____ Score _____ Subject _____ Score _____

Subject _____ Score _____ Subject _____ Score _____

Subject _____ Score _____ Subject _____ Score _____

RECOMMENDATION

Recommended Recommended with Qualifications Prefer not to make Recommendation Not Recommended

Has the applicant ever been expelled or suspended from school? yes (if yes, please attach student's statement) no

Signature of principal, headmaster, or guidance officer

Signature _____

Date _____

E-mail _____

Please print your name, title, and phone number.

Name _____

Title _____

(Area Code) _____

Number _____

Thank you for your cooperation.