



University of Louisville Office of Admissions
 High School Counselor Verification Form
 (Must be accompanied by official high school transcript)

DIRECTIONS FOR STUDENT:

Please print this form if you are currently in high school. Complete the top section and give the form to your high school counselor to complete the bottom section and submit the transcript to UofL.

Name: _____

Social Security Number: _____ Date of Birth: _____

High School Name: _____ City/State: _____

----- BELOW THIS LINE IS FOR COMPLETION BY HIGH SCHOOL COUNSELOR ONLY -----

DIRECTIONS FOR COUNSELOR:

Please complete the appropriate boxes below and attach this page to the student's official transcript. Please mail this form and the official transcript to:

Office of Admissions, Dept AO
 University of Louisville
 Louisville, Kentucky 40292

Pre-College Curriculum

(T = Taken, IP = In Progress)

T IP

- English I
- English II
- English III
- English IV

T IP

- Life Science
- Physical Science
- Earth/Space Science

T IP

- U.S. History
- World Civilization
- Economics
- Government
- World Geography

List Other Senior Classes:

T IP

- Algebra I
- Algebra II
- Geometry
- Advanced Math

T IP

- Health
- Physical Education
- Arts/Humanities

T IP

- Foreign Language
- Number of Years: ____

Cumulative GPA on a 4.0 scale: _____ Weighted or Un-weighted Rank/Class _____/_____

****This student participates in the Free or Reduced Lunch Program or has an ACT/SAT test waiver: Yes No**
 (The University of Louisville will waive the application fee for these applicants. This fee waiver will also affect payment to other services including student orientation).

Counselor's Signature _____ Phone: (____) ____-____ Date: _____