COLLEGE OFFICIAL'S REPORT



FOR THE APPLICANT Full Name:	
Birthdate:	
FOR THE COLLEGE OFFICE Name / Title:	CIAL
Email / Phone:	
Website / Profile:	
Institution / CEEB:	
Address:	
ACADEMICS Cumulative GPA: This GPA is:	on a scale, covering a period from (mm/yyyy) to □ Weighted □ Unweighted
School's Passing Mark:	
Graduation:	(mm/dd/yyyy)
Is this applicant eligible If you answered "no" to Has the applicant ever be academic misconduct or removal, dismissal or expensed a light of the second o	to return to your institution?
I recommend this student:	\square No Basis \square With Reservation \square Fairly Strongly \square Strongly \square Enthusiastically
Signature:	Date:
Please send this form and MAIL	accompanying documents to: SCAN & EMAIL

Susquehanna University Attn: Office of Admission 514 University Ave. Selinsgrove, PA 17870 Susquehanna University Admission suadmiss@susqu.edu