Applicant Section
To be completed by a currently enrolled high school senior. Please fill in the information below and provide this form to your high school guidance counselor to complete. Your counselor must submit the completed form directly to the Office of Admissions.

Last Name ___________________________  First name ___________________________
Middle Name ________________________  Suffix (Jr. etc.) ________________________
Address _______________________________________________________________________

Counselor Section
To be completed by the applicant’s high school guidance counselor. The named student is applying for admissions to Ball State University. This form is part of the university’s application requirements. Please fill in the requested information and send this document directly to Ball State’s Office of Admissions.

High School Name ___________________________  HS CEEB Code _______________

Students Graduation Date (month/year) _______________________________________

Will this student be awarded a high school diploma?  
☐ Yes  ☐ No

For Indiana Students Only:
Is this student on track to complete Core 40?  
☐ Yes  ☐ No

Has this student passed the ISTEP+ exam?  
☐ Yes  ☐ No

Is this student pursuing Indiana Academic Honors Diploma?  
☐ Yes  ☐ No  ☐ N/A

Courses in Progress
Please list the student’s academic courses currently in progress or attach a list to this form:

7th semester or equivalent: ______________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

8th semester or equivalent: ______________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Counselor comments ___________________________________________________________

___________________________________________________________________________

Counselor name ___________________________  Phone ___________________________
Counselor signature ___________________________  Date _________________________

Transcript
The student’s official transcript and a list of his or her courses in progress are required. If available, please also include a high school profile.

Submission Instructions
Send this form and supporting credentials to: Office of Admissions, Ball State University, Muncie, IN 47306-0855 or email completed PDF to askus@bsu.edu.

bsu.edu/admissions