2017–18 Guidance Counselor Form

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