



401 Medical Park Drive • Concord, NC 28025 • 704-403-1556

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**REQUEST FOR HIGH SCHOOL TRANSCRIPT AND COUNSELOR’S STATEMENT  
(FOR CURRENT HIGH SCHOOL STUDENTS ONLY)**

**APPLICANT:** Please complete the top portion of this form. You should take it to your high school Guidance Office along with a self-addressed, stamped envelope addressed to:

**Cabarrus College of Health Sciences  
Office of Admissions  
401 Medical Park Drive, Concord, NC 28025**

Applicant’s Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Date of Expected Graduation: \_\_\_\_\_

Mailing Address of High School: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Applicant’s Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

12th Grade Courses in Progress: \_\_\_\_\_

**COUNSELOR:** This form should be mailed along with the applicant’s official high school transcript to Cabarrus College (see address above). Please include:

- \_\_\_\_\_ School’s Grading Scale
- \_\_\_\_\_ Student’s Graduate Date
- \_\_\_\_\_ Student’s Rank
- \_\_\_\_\_ Class Size
- \_\_\_\_\_ Student’s Grade Point Average (On A 4-Point Scale)
- \_\_\_\_\_ SAT and/or ACT Scores

Is the above-named high school accredited? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of most recent accreditation: \_\_\_\_\_

Name of Accrediting Organization: \_\_\_\_\_

**ACADEMIC AND PERSONAL APPRAISAL**

Please feel free to comment and give examples on the items below. If necessary, please attach an additional sheet of paper containing your comments.

	<b>Weak (Lower 50%)</b>	<b>Good/ Average (Top 50%)</b>	<b>Very Good (Top 25%)</b>	<b>Excellent (Top 15%)</b>	<b>Outstanding (Top 2%)</b>	<b>Unable to assess</b>	<b>Comments</b>
<b>Accountability</b>							
<b>Attendance</b>							
<b>Maturity</b>							
<b>Initiative</b>							
<b>Honesty/Integrity</b>							
<b>Motivation</b>							
<b>Perseverance</b>							
<b>Punctuality</b>							
<b>Effective Communication</b>							
<b>Accomplishes tasks</b>							
<b>Works as a team member</b>							
<b>Works independently</b>							
<b>Time Management</b>							
<b>Critical Thinking</b>							

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have no personal knowledge of this student: \_\_\_\_\_

Counselor's Name (please print): \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_