

MID-YEAR REPORT FORM

DEADLINES: Early Decision I–Nov. 16
Scholarships–Dec. 1
Early Decision II–Jan. 2
Regular Decision–Jan. 15
Mid-Year Report–Feb. 15

RETURN TO: Office of Admissions
Washington and Lee University
204 West Washington Street
Lexington, Virginia 24450-2116

Last Name of Applicant	First Name	Middle Name	Suffix
Home Address			Apt. #
City	State or Territory	ZIP/Postal Code	
Country			
Name of School Now Attending		City	
State or Territory	ZIP/Postal Code	Country	

TO THE APPLICANT: After you have filled in the lines above, give this form to your guidance or college counselor.

TO THE GUIDANCE OR COLLEGE COUNSELOR: This Mid-Year Report Form is to be used to report the applicant’s grades for the first term of the current school year and any significant additions to or changes in the applicant’s academic, extracurricular, or character record. Please fill it out and return it **no later than February 15** to the address at the top of this form.

This candidate ranks _____ in a class of _____ students and has a cumulative grade point average of _____ on a _____ scale. The rank covers a period from _____ / _____ to _____ / _____. If a precise rank is not available, please indicate rank to the nearest tenth from the top: _____. Rank and GPA are weighted unweighted.

How many students share this rank? _____ What is the highest cumulative grade point average in this year’s class? _____

SUBJECTS List all carried during current year and indicate which are “advanced,” “honors,” “AP” courses, etc.	GRADES For period from _____ through _____	REMARKS

On the back of this sheet please comment on any significant additions or changes in the applicant’s academic, extracurricular, or character record since your previous report and ratings.

	NOT RECOMMENDED	AVERAGE OR BELOW	GOOD (ABOVE AVERAGE)	EXCELLENT (TOP 10%)	OUTSTANDING (TOP 2-3%)
OVERALL ACADEMIC PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL PROMISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RECOMMENDATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Counselor’s Signature

Title

Date