

**The Pennsylvania School for Excellence
in the Agricultural Sciences (PSEAS)
At
The Pennsylvania State University**



School Counselor Form

This form can be found electronically at <https://agsci.psu.edu/school-for-excellence> for easier completion.

Applicant's Name: _____ Counselor's Name: _____
Email Address: _____

1. Transcript

Include the applicant's transcript to this form.

2. Attendance Record

Number of absences in the last full academic year: _____
(Important: If the number exceeds 10, please state reason(s) and whether the number has remained high this year)

Number of tardies in the last full academic year:
(IMPORTANT: If the number exceeds 10, please state reason(s) and whether the number has remained high this year)

3. Academic Standing and Scoring (As Applicable)

Please complete the following information, even if it appears on the transcript.

Class rank, if available: _____ Class size: _____ Grade Point Average: _____ Scale: _____

Test Scores: PSATs: Verbal/Critical Reading: _____ Writing: _____ Math: _____ Date: _____

SATs: Verbal/Critical Reading: _____ Writing: _____ Math: _____ Date: _____

Comments: _____

4. Please check one selection below to indicate your recommendation for the applicant for the Pennsylvania School for Excellence in the Agricultural Sciences:

- Highly Recommended
- Recommended
- Recommended with reservations
- Not Recommended

5. Comment on the applicant's special qualities, challenges or problems of which the selection committee should be aware. You are strongly encouraged to attach a separate letter. Check this box if attaching a letter.

6. Signature

The information I have provided is complete and correct. I have read the Procedures and the Deadline and Submission Information. I understand that an application may be disqualified if it is late, incomplete or sent to an incorrect agency. I understand that the applicant can be disqualified on the basis of grade level ineligibility, residency ineligibility, and previous program participation, plagiarism or falsification of information.

Counselor's Signature: _____

Date: _____