

**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: \_\_\_\_\_