



Admissions
 1401 Presque Isle Avenue
 Marquette, MI 49855
 800-682-9797
 Fax: 906-227-1747
 www.nmu.edu

High School Counselor Form

~For Providing Additional Information ~ Not required to complete the application process~

Student—Please complete this section, printing clearly in ink.

Student Name: _____
 (Last) (First) (Middle)

Birthdate: _____ NMU I.N. (if known) _____
 (mm/dd/yy)

Counselor—If you have additional information to share about this applicant, please complete this section and mail with official transcript to address above. Parchment/Docufide users may submit the eSSR (Secondary School Report), if desired. Non-receipt of this document will not delay the admission process, but we appreciate information that may impact the decision. Thank-you!

- Applicant’s cumulative high school GPA: _____ based on _____ # semesters/terms.
 If GPA scale is other than 4.0, please note: _____
- Month and year the applicant will graduate from high school: _____
- Please note here, or attach a separate sheet, to share any unusual circumstances that influenced this student’s high school record.

- If you have additional significant information, we will be happy to contact you. Please indicate your preferred method of contact:
 - No contact is necessary unless NMU has questions.
 - Please e-mail me at this e-mail address: _____
 - Please phone me at this number: _____

 Print counselor name Name of High School

 Signature of counselor Date City and State of High School

High school ACT code: _____