After completing the form, please have your counselor send to the address below. Please note: If your counselor has sent or will send your credentials electronically, it is not necessary to complete or submit this form.

Rochester Institute of Technology
Undergraduate Admissions Office
60 Lomb Memorial Drive
Rochester, NY 14623-5604

Due Dates (Postmark)
Early Decision Plan December 1
Regular Decision Plan February 1
Applications completed after February 1 will be reviewed on a rolling basis.

Applicant Section:

Name ________________________________
Applicant’s full legal name—last name first

Address ________________________________

Social Security Number (optional) ________________________________ Date of Birth ________________________________

School Name ________________________________

Address ________________________________
Number and Street ________________________________ City/Town ________________________________ State/Province ________________________________ Zip/Postal Code ________________________________

Are you applying under the Early Decision Plan? □ Yes □ No

Counselor Section: (Please note that lack of rank and GPA will make this application more difficult to process.)

CEEB CODE ________ Entered ________ Withdraw ________ Will graduate ________

Class Rank
The candidate ranks ________ in a class numbering ________ during the period from ________ to ________.

The rank is □ weighted □ unweighted. If there are other students tied at that rank, how many share the same ranking? ________

If a precise rank is not available, indicate the rank to the nearest tenth from the top. ________ □ We do not rank.

Of last year’s graduating class, percentage of students attending: four-year ________ two-year ________ college or university.

Grade-Point Average
The applicant’s cumulative GPA is ________ on a ________ scale, covering a period from ________ to ________.

This GPA is □ weighted □ unweighted. The applicant’s highest possible GPA is ________.

Your school’s minimum passing grade is □ 60 □ 65 □ 70 □ other (specify) ________.

In comparison to other college preparatory students at your school, this applicant’s course selection is:

□ most demanding □ very demanding □ demanding □ average □ less demanding

Standardized Test Scores

ACT Tests

Date taken/to be taken English Math Reading Science Composite Writing

Date taken/to be taken English Math Reading Science Composite Writing

SAT Reasoning Tests

Date taken/to be taken Critical Math Writing Date taken/to be taken Critical Math Writing

Date taken/to be taken Critical Math Writing

SAT Subject Tests

Date taken/to be taken Subject Score Date taken/to be taken Subject Score

Date taken/to be taken Subject Score

TOEFL/IELTS (international applicants)

Date taken/to be taken Test Score Date taken/to be taken Test Score

Date taken/to be taken Test Score
Counselor Recommendation  Please rank applicant in the following categories:

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent (top 10%)</th>
<th>Outstanding (top 5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic promise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Character and personal promise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for success at RIT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mainstream Program
If applicant is deaf or hard of hearing, please indicate if the student has been mainstreamed and any access/support services received:

- Years mainstreamed ______
- Interpreter
- Tutor
- Notetaker
- Speech-to-text Services
- Resource Room
- Self-contained Classroom

Summary and Recommendation
Please write a summary appraisal of the applicant. We are particularly interested in observations about character, motivation, ability and any special talent or quality. Please describe any special factors that should be considered in interpreting the applicant’s record, such as unusual home conditions or illness. Please don’t hesitate to attach a copy of a letter you have already written on behalf of this applicant.

__________________________

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__________________________

Counselor Signature: __________________________ Date: __________________________

Name (please print): __________________________ Title: __________________________

E-mail Address at School: __________________________ Telephone Number at School: __________________________

Early Decision
If the student is applying under RIT’s Early Decision Plan (indicated on front page), please read the following and sign below:

I have discussed Early Decision consideration with this applicant. The applicant understands Early Decision is a first-choice plan.

__________________________

Date

Transcript
An official copy of the applicant’s secondary school record should be included with this form.

Profile
Please include a copy of your school’s profile (information about curriculum, percentage of graduates going on to college, standardized-test scores, and the like).