



COUNSELOR/REGISTRAR REPORT

PLEASE SEND COMPLETED FORM TO:

Mail Trinity University, Office of Admissions
One Trinity Place, San Antonio, Texas 78212

Fax 210-999-8164 Email admissions@trinity.edu

STUDENT INFORMATION

NAME First Last

Entry Term to Trinity

Current College/University Attending

REGISTRAR INFORMATION

NAME Title

Email Institution

Department Academics

CLASS RANKING

Cumulative GPA GPA Scale GPA Period

EVALUATION

Is this applicant in good standing? ☐ Yes ☐ No Is this applicant capable of college level coursework? ☐ Yes ☐ No

Is this applicant eligible to return to your institution? ☐ Yes ☐ No

If you answered "No" to either or both questions, please attach a document with details.

Has the applicant ever been found responsible for a disciplinary violation at your school? ☐ Yes ☐ No

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? ☐ Yes ☐ No

If "Yes" to either or both questions, please attach a document giving the approximate date of each incident and explain the circumstances.

RECOMMENDATION

I recommend this student ☐ Enthusiastically ☐ Strongly ☐ Fairly Strongly ☐ With Reservation ☐ No Basis

Signature Date