

COUNSELOR EXPLANATION FORM

This form may only be submitted by a high school/college counselor or other school official to verify or explain an applicant's extenuating circumstances which may have affected his/her academic record. Do not use this form to submit a general recommendation for an applicant. Recommendations are not considered in the application process and will be destroyed if received.

Applicant's Information:

Last _____ First _____ Middle _____

Date of birth _____ UIN (if known) _____

Counselor's Information:

Name _____

High School/College _____

Phone Number _____ Email address _____

In the box below or by attachment, please provide the verification or explanation of the applicant's extenuating circumstances.

Counselor Signature _____ Date _____

Signature of a school official is required to process this form.

Signing the form confirms the information provided is accurate.