

Applicant name		Application number	
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## Counselor Reference

After completing the student information section below, give this form to your school counselor or principal.

### ■ Student Information (To be completed by applicant)

Legal Name:	Date of Birth:						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="font-size: small;">Last/Family</td> <td style="font-size: small;">First</td> <td style="font-size: small;">Middle</td> </tr> </table>				Last/Family	First	Middle	mm/dd/yyyy
Last/Family	First	Middle					
High school:							
<ul style="list-style-type: none"> <li>▪ I authorize release of this information to Yonsei University.</li> <li>▪ I waive my right to see the completed form.</li> </ul>							
Applicant name(printed)	Date						

### ■ Reference Information (To be completed by counselor or principal)

Class Rank	Class Size	The rank is <input type="checkbox"/> weighted <input type="checkbox"/> unweighted
Covering a period from _____ to _____ mm/dd/yyyy mm/dd/yyyy		
Alternative Class Rank (If your school does not rank, please assign the student to one of the following deciles.)		
<input type="checkbox"/> Top 5%	<input type="checkbox"/> Second	<input type="checkbox"/> Third
<input type="checkbox"/> Top 10%		<input type="checkbox"/> Fourth
		<input type="checkbox"/> Fifth
		<input type="checkbox"/> Below fifth
Which program does your school mainly offer?		
<input type="checkbox"/> IB(International Baccalaureate) <input type="checkbox"/> AP(Advanced Placement) <input type="checkbox"/> GCE A-Levels		
<input type="checkbox"/> Others		
_____		
Test, Prerequisite courses or Requirements for college admission		
In comparison to other college preparatory students at your school, the applicant's course selection is:		
<input type="checkbox"/> most demanding <input type="checkbox"/> very demanding <input type="checkbox"/> demanding <input type="checkbox"/> average <input type="checkbox"/> less than demanding		
If in the last three years the applicant has incurred serious disciplinary action or has been dismissed, suspended, please check Yes below and explain on a separate sheet. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Counselor/Principal Name: _____		
Position: _____ High school: _____		
Phone number: _____ E-mail: _____		
_____		
Counselor/Principal signature		Date

Please seal and send this Counselor Reference form directly to the address below.

**Office of Admissions, Yonsei University 50 Yonsei-ro, Seodaemun-gu, Seoul 03722, Korea**