

## Parental Consent / High School Counselor Form

SIGNATURE OF STUDENT APPLICANT	DATE
SIGNATURE OF PARENT OR GUARDIAN	DATE

**To the Counselor or Principal:**

Because of the Confidential nature of the information below we ask that you do not return the form to the student but mail it directly to the address below so that it may be received **no later than May 01, 2009.**

STUDENT'S CURRENT HIGH SCHOOL GRADE POINT AVERAGE: \_\_\_\_\_

NO. OF SEMESTERS USED IN CALCULATION: \_\_\_\_\_

**PLEASE DO NOT RETURN WITHOUT A GRADE POINT AVERAGE**

SAT SCORES: VERBAL \_\_\_\_\_ MATH \_\_\_\_\_

ACT SCORES: ENGLISH \_\_\_\_\_ MATH \_\_\_\_\_ READING \_\_\_\_\_  
 SCI. REAS. \_\_\_\_\_ COMP. \_\_\_\_\_

*PLEASE RATE THIS STUDENT AS COMPARED TO OTHER SCHOOL STUDENTS IN THE CATEGORIES LISTED BELOW:*

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	SUPERIOR
ACADEMIC ABILITY	_____	_____	_____	_____
EMOTIONAL MATURITY	_____	_____	_____	_____
INTEGRITY	_____	_____	_____	_____
LEADERSHIP	_____	_____	_____	_____
COOPERATIVENESS	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____

**ADDITIONAL REMARKS:**

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SIGNATURE

DATE

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TITLE

PHONE NO.

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HIGH SCHOOL

**PLEASE MAIL COMPLETED FORM TO:**

**Dinah Maygarden  
Department of Earth and Environmental Sciences  
Minority Awareness Geology Program  
University of New Orleans  
2000 Lakeshore Drive  
New Orleans, LA 70148  
PHONE: 280-1374  
E-MAIL: [dmaygard@uno.edu](mailto:dmaygard@uno.edu)**

Please ensure that the parent/guardian has signed the top of the form. If you have any questions please contact Dinah Maygarden at the above e-mail.