

RENSSELAER



Name and title of High School Contact

Date

High School Name

CEEB Code

High School Address

() _____
H.S. Telephone Number

City

State

Zip

Please complete the following questions to help us better familiarize ourselves with your school and, if possible, forward a copy of your high school profile:

Number of students in grades 9-12 _____

Number of students in current graduating class _____

Percentage of post-secondary education 4-year _____ 2-year _____

Please list the math and science courses offered by your school and indicate if they are Honors Level or Advanced Placement.:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

We would appreciate any additional information concerning your course offerings or programs of study:

Signed _____

Title _____

Email address _____

Please return this form via fax to 518-276-3997, or by mail:

Rensselaer Medal Program

Office of Admissions

110 8th Street

Troy, New York 12180