

SCHOOL COUNSELOR ACADEMIC ENDORSEMENT

Student Name _____
(First) (Middle) (Last)

I have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the Mini M*A*S*H program.

Counselor's signature Date

Counselor's Printed Name Counselor's Email

Student's Cumulative GPA _____

Attach a legible transcript of this student's grades to this form. Please include any citizenship grades or comments or ACT scores.

Note: this student must have taken BIOLOGY (or be currently enrolled) in order to be considered for M*A*S*H.

PLEASE ATTACH COMPLETED APPLICATION, TRANSCRIPT (MUST INCLUDE CUMULATIVE GRADE POINT AVERAGE) AND SIGNED CONSENT FORMS BY FRIDAY, April 5, 2024 by 5:00 pm TO YOUR GUIDANCE COUNSELOR.