



## HOME SCHOOL SUPPLEMENT

### APPLICANT

Legal Name \_\_\_\_\_  Female  Male  
*Last Name* *First Name* *Middle Name*

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Month* *Day* *Year*

Home Phone Number \_\_\_\_\_ / \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ / \_\_\_\_\_

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### Grading Scale

Please explain the grading scale or other methods of evaluation.

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### Additional Courses

If the student has taken courses from a distance learning program, traditional secondary school, or institution of higher education, please detail them here. In addition, if the student has taken any standardized testing other than those listed on your student's application, please also describe below.

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EVALUATION

Please evaluate the academic and personal traits of this applicant. The Admission Committee is particularly interested in the qualities of character, relative maturity and integrity. Please feel free to submit a letter of recommendation in addition to this form.

If you feel that your student's application would be better served through a teacher/tutor recommendation, you are welcome to waive the Counselor Recommendation by submitting a statement below. The wording for this statement can be found at smu.edu/apply/homeschool.

Lined area for writing a recommendation or statement.

EDUCATION COORDINATOR INFORMATION

Coordinator's Name \_\_\_\_\_

Coordinator's Phone Number \_\_\_\_\_ / \_\_\_\_\_ Coordinator's Fax Number \_\_\_\_\_ / \_\_\_\_\_

Coordinator's Email Address \_\_\_\_\_

Coordinator's Address \_\_\_\_\_
House Number and Street City State ZIP Code

Are you a member of a home school association? [ ] Yes [ ] No If yes, name of association: \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

INSTRUCTIONS

Y m r r r m SMU O c U r r a a A m . l c m r m ca b acc .

P a r r r m a w w :

- 1. O c a H Sc Tra cr
2. L r R c mm a ( b m )

T r m ca b ma a r b w, b m a ma ugadmission@smu.edu r a 214-768-5048.