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Recommendation for Admission

Teacher, Guidance Counselor, or Advisor Recommendation

TO THE STUDENT

After completing the information below, give this form to your teacher, guidance counselor, or academic advisor.

Student's name _____

Student's address _____

School you currently attend _____ College Board code _____

School address _____ School telephone (____) _____

Name of recommender _____ Email address _____

I waive my right to review the information provided on this form.

Signature of applicant _____ Date _____

I give permission to my recommender to disclose confidential information.

Signature of applicant _____ Date _____

(Parent/guardian signature is required if student is under 18 years of age.)

TO THE TEACHER, COUNSELOR, OR ACADEMIC ADVISOR

Name _____ Title _____

Signature _____ Date _____

How long have you known this student, and in what context? _____

Student's rank is _____ in a class of _____ GPA _____

This rank covers the time period from _____ to _____

If precise rank is not available, please indicate approximate rank to the nearest tenth from the top _____

Please rate this student on the following criteria:

	Below average	Average	Good	Excellent	Outstanding	Not applicable
Leadership potential						
Academic achievement						
Personal integrity						
Respect for others						
Work habits						
Motivation						
Creative, original thoughts						
Potential for growth						

Evaluation

Please provide any information that you feel is important about this student, including academic and personal characteristics, motivation, integrity, consistency, and willingness to go beyond what is expected. We especially welcome information that will help us understand this student on a more personal level. You may attach an additional sheet or another reference you have prepared on behalf of this student.