

SECONDARY SCHOOL GUIDANCE COUNSELOR RECOMMENDATION

Last Name	First Name	Middle Name	Jr., etc.	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
Birth Date	Social Security Number (optional)						
Permanent Address							
City	State	ZIP	Country				
School You Now Attend		City	State				

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless at least one of the following is true: 1) the institution does not save recommendations post-matriculation or 2) you waive your right to access below, regardless of the institution to which it is sent.

Yes, I do waive my right to access, and I understand I will never see this form or any other recommendation submitted by me or on my behalf.

No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Student's Signature	Date
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To the Secondary School Counselor

Please attach applicant's official transcript, including courses in progress, a school profile, and transcript legend.

Counselor's Name	Title
Secondary School Name	CEEB

School Address

Counselor's Phone	Email
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How long have you known this student and in what context?

Ratings

Compared to other students in her or her class year, how do you rate this students in terms of the following?

	Below Average	Average	Good	Very Good	Excellent (top 10%)	Outstanding (top 5%)	No Basis
Academic Achievement							
Curriculum Strength							
Extracurricular Accomplishments							
Personal Qualities and Character							
Overall							

Class Rank	Class Size	Cumulative GPA	On what scale?	GPA is <input type="checkbox"/> weighted <input type="checkbox"/> unweighted
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We do not rank

EVALUATION

Please write whatever you think is important about this student, including a description of academic, extracurricular, and personal characteristics. We welcome a broad-based assessment that will help us to differentiate this student from others. Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.

I recommend this student:

No Basis With Reservation Fairly Strongly Strongly Enthusiastically

Has the applicant even been found responsible for a disciplinary violation at your school, from 9th grade forward, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?

Yes No

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime?

Yes No

If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

Check here if you would prefer to discuss the applicant over the phone with the admissions office.

Counselor's Signature

Date