



Guidance Counselor/Teacher Recommendation Form

APPLICANT

To be completed by the Applicant:

Once you have completed this section, please give this form to your guidance counselor/teacher. Remind him/her to complete and return the form, along with your transcript and test scores, to Converse College.

Student's Name _____
LAST NAME FIRST NAME MIDDLE NAME

Address _____
STREET ADDRESS APT #

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

GUIDANCE COUNSELOR/TEACHER

To be completed by the Guidance Counselor/Teacher:

After completing the questions below; please attach the applicant's official transcript and test scores, including courses in progress, and forward them to Converse College.

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

Please describe what you think is important about the student, including a description of academic and personal characteristics. We are particularly interested in the student's academic motivation.

Why do you think Converse College would be a good choice for the applicant?

In comparison with other college preparatory students at our school, the applicant's course selection is:

- Most demanding Very demanding Demanding Average Less than demanding

Class rank is _____ in a class of _____, with a GPA of _____. This rank covers the period from _____ to _____.
MM YY MM YY

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

Passing mark is _____. College recommending mark is _____.

Of this candidate's graduating class, approximately _____% plan to attend a four-year college.

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APPLICANT'S STRENGTH

Please rate the applicant's strength in each of the following categories:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT OBSERVED
Intellect					
Writing					
Organizational Skills					
Responsibility					
Self-Confidence					
Leadership					

I recommend this student for admission to Converse College based on:

	ENTHUSIASTICALLY	STRONGLY	WITH RESERVATION
Academic Ability			
Overall Promise			
Overall Potential			

SENIOR YEAR COURSES

First Semester

Second Semester

GUIDANCE COUNSELOR/TEACHER INFORMATION

Name _____ Title _____

Secondary School _____ Phone _____ Fax _____

E-mail _____

This recommendation will be used for admission purposes only and will not be included in the student's permanent record. Therefore, the information you furnish will be completely confidential and will not be disclosed to anyone, including the candidate and her family, except those who, at the discretion of the Director of Admission, are officially involved with the admission of the candidate.

Signature _____ Date _____

Please return this form, along with the applicant's official transcript (including courses in progress) and test scores, to the address below.