



Guidance Counselor Recommendation Form

TO BE COMPLETED BY THE APPLICANT:

Please complete the information below and then provide your guidance counselor with this form along with a stamped envelope addressed to Office of Admissions, The Estate, The University of Scranton, Scranton, PA 18510. One recommendation is required. Please type or print legibly in ink.

Last name _____ First name _____ M.I. _____ Suffix (e.g., Jr., III) _____

Street address _____
Number and Street Apt. #

City _____ State/Province _____ Zip/Postal code _____

High School: _____ CEEB/ACT code _____

Check one:

- Early Action (Deadline: November 15) SAT/ACT Optional (Deadline: November 15) Regular Decision (Preferred deadline: March 1) Transfer Student

Privacy Notice: Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records if you attend The University of Scranton. You may choose to waive your right of access to this specific recommendation. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign and date below.

- I hereby waive my right of access to this recommendation.
 I do not waive my right of access to this recommendation.

Applicant's Signature

Date

Last Name _____ First Name _____ M.I. _____

TO BE COMPLETED BY THE GUIDANCE COUNSELOR:

We would appreciate your candid evaluation of the student named above to aid us in evaluating his/her candidacy for admission to The University of Scranton. This form should be signed and returned in the envelope provided by the student. The student's official high school transcript may be sent along with this form as well. Thank you for your time and care in preparing this evaluation.

1. How long have you known the applicant? _____

2. Class rank is: weighted unweighted This school does not rank its students.

This applicant ranks _____ in a class of _____ students, covering a period from _____ to _____.
MM/YY MM/YY

The number of other students that share this rank is _____.

3. The applicant's cumulative GPA is _____ on a _____ scale, covering a period from _____ to _____.
MM/YY MM/YY

This GPA includes: all subjects academic subjects only

This GPA is: weighted unweighted

For this year's senior class, the highest GPA is _____ and the lowest GPA is _____.

4. In comparison with other college preparatory students at your high school, the applicant's course selection is:

most demanding very demanding average less than demanding

5. Compared with other students you have known during your professional career, please indicate how you rate this student in terms of:

	Excellent	Above Average	Average	Below Average	No Basis
Academic achievement					
Academic potential					
Motivation					
Leadership potential					
Extracurricular involvement					
Character and integrity					

6. The admissions committee would appreciate any additional statements you may wish to make concerning the applicant's aptitude for advanced study. Please attach a separate sheet of paper.

Summary Evaluation:

I recommend this student: enthusiastically strongly fairly strongly with reservation

Guidance Counselor's Signature

Date

Position/Title

Office Phone

High School

Office E-mail

Number and Street

City

State/Province

Zip/Postal Code