Counselor Recommendation Form (Please type or print clearly)

Student to complete:

LAST/FAMILY/SURNAME                     FIRST NAME                     MIDDLE NAME

SOCIAL SECURITY NUMBER (IF APPLICABLE)  Date of Birth

Day Telephone                        Evening Telephone

Semester/year for which you are applying  Fall 20__  Spring 20__  Summer 20__

SCHOOL NAME                                                                 CEEB CODE

ADDRESS                                                                        CITY, STATE, COUNTRY

COUNSELOR NAME

Guidance Counselor to complete:

ACADEMIC PROGRAM:
Compared with other college-bound seniors in your school, the quality and rigor of this student’s academic program is:
___ AP/IB   ___ Honors   ___ Above Average   ___ Average   ___ Below Average

GRADE POINT AVERAGE:
Please calculate the applicant’s grade point average for all coursework in grades 9 through 11 on a 4.0 scale.
__________________/4.0 Unweighted GPA                     ______________________/4.0 Weighted GPA

CLASS RANK:
Check the rank that most closely describes this applicant’s position in the graduating class. If your school does not compute class rank, please provide your best estimate.

_______ Top 10 percent of class  ______ Top 25 percent of class  ______ Top 50 percent of class  ______ Bottom 50 percent of class

Rank is:  ___ Weighted  ___ Unweighted  Class rank (if available) _______ out of __________

___ Valedictorian   ___ Salutatorian

STANDARDIZED TEST SCORES
Please identify highest SAT Math and SAT Verbal scores and highest ACT composite score:

SAT Verbal  SAT Math  ACT Composite

SATII Writing  ACT Composite

RECOMMENDATION
How long have you known this applicant? ______ years
Please give us your recommendation regarding this applicant’s preparation for study at Morgan State University.

_______ Highly recommend  _______ Recommend  _______ Recommend with reservations  ______ Do not recommend

COUNSELORS’S NAME  CEEB CODE AND EMAIL ADDRESS

COUNSELOR’S SIGNATURE  DATE  TELEPHONE NUMBER

Additional space on the back of this form is provided for you to elaborate on your recommendation. (Please type or print clearly)
Counselor Recommendation Form Continued (Please type or print clearly)

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