



TRANSYLVANIA UNIVERSITY

COUNSELOR'S EVALUATION AND RECOMMENDATION

THIS SECTION TO BE COMPLETED BY STUDENT

After completing this section, ask your guidance counselor to complete the bottom part of this form and mail it to the Office of Admissions by the appropriate deadline.

Student's Full Name _____	Student's Social Security Number _____	Student's Home Phone _____	
Student's Street Address _____	City _____	State _____	Zip _____
Name of High School or College/University _____	City _____	State _____	Zip _____

Student Waiver

☐ I waive my right to future access to this document. ☐ I do not waive my right to future access to this document.

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY RECOMMENDER

This form will be used for both admission and scholarship decisions. Please send your letter of recommendation along with this form, a copy of the student's current high school transcript, and a school profile to our Office of Admissions.

How long have you worked with this student? _____

Do you know this student in a capacity outside of your duties as counselor? ☐ Yes ☐ No If yes, please explain. _____

Student's cumulative grade point average is _____ (weighted) _____ (unweighted) as of _____ on a _____ point scale.

Does your school give weight to the following courses:

Advanced Placement (AP) _____ yes _____ no	International Baccalaureate (IB) _____ yes _____ no
Honors _____ yes _____ no	Other _____ yes _____ no
Advanced _____ yes _____ no	

Please list your school's grading scale if it is not reflected on the transcript:

A _____ B _____ C _____ D _____ F _____

Are courses currently taken on a block schedule? _____ yes _____ no

Student's rank in class is _____ out of _____ students as of (date) _____. The rank is ☐ weighted ☐ unweighted

How many students share this rank? _____

What percentage of a typical graduating class at your school attends a four-year college? _____ A two-year college? _____

Compared with that of other college preparatory students at your school, this student's course selection is:

☐ most demanding ☐ very demanding ☐ demanding ☐ average ☐ less than demanding

What courses does this student have in progress?

_____	_____
_____	_____
_____	_____
_____	_____

What are the first words that come to your mind to describe this student? _____

(Continued on back)

LETTER OF RECOMMENDATION

You may write your letter in this space or attach it to this form. Your evaluation of this student will be very important in helping us determine whether to offer this student admission and to consider him or her for scholarships. We are particularly interested in the candidate's intellectual promise, enthusiasm, special talents, and performance in the classroom. Please call us if you have any questions at (800) 872-6798 or (859) 233-8242 or send email to admissions@transy.edu.

☐ I highly recommend this student.

☐ I recommend this student.

☐ I recommend *with reservation*.

☐ I do not recommend.

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Dr.

Title _____

School Name and Address _____

Street _____

City _____

State _____

Zip Code _____

Office Phone (_____) _____

Signature _____

E-mail _____

Return to: Transylvania University, Office of Admissions, 300 North Broadway, Lexington, KY 40508-1797