



# 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 e-mail to [admissions@transy.edu](mailto: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