



**THIS SECTION TO BE COMPLETED BY STUDENT**

After completing this section, ask your school counselor to complete the bottom part of this form and mail it to the Office of Admissions by the appropriate deadline. Transylvania University, Office of Admissions, 300 North Broadway, Lexington, Kentucky, USA 40508-1797

Student's Full Name \_\_\_\_\_ Student's Home Phone \_\_\_\_\_

Student's Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ Country \_\_\_\_\_ State/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of current School or University \_\_\_\_\_ City /Town \_\_\_\_\_ Country \_\_\_\_\_ State/Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**Student Waiver**

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

Student 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 many months or years 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 (date) \_\_\_\_\_ 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 \_\_\_\_\_

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 university? \_\_\_\_\_

Compared with that of other university-bound 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? \_\_\_\_\_  
\_\_\_\_\_

# LETTER OF RECOMMENDATION

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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 +1-859-233-8242 or send an email 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 or University Name \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Office Phone \_\_\_\_\_ Country Code \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**Return to:** Transylvania University, Office of Admissions, 300 North Broadway, Lexington, Kentucky, USA 40508-1797 or [admissions@transy.edu](mailto:admissions@transy.edu)