

# St. Kate's

## Recommendation Form

### Part 1 - To be completed by the applicant

Please complete Part I below and give this form to your high school guidance counselor/college adviser.

Name \_\_\_\_\_  
Last First Middle Former

Address \_\_\_\_\_  
Street City State Zip code

Home telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

### Part 2 - To be completed by guidance counselor/college adviser

This student is applying for admission to the College of St. Catherine. Please attach a transcript to this form and carefully rate the student's ability, performance and character. If the transcript does not show numerical rank in class, an estimate is requested in Part 2A. Test results (ACT or SAT) also should be indicated.

Please return this recommendation form as soon as possible to:

Office of Admission, #F-2, The College of St. Catherine, 2004 Randolph Avenue, St. Paul, MN 55105-1794

• Official school name \_\_\_\_\_ • CEEB code \_\_\_\_\_

• Type of high school ☐ Private ☐ Public ☐ Catholic ☐ All female ☐ Other \_\_\_\_\_

• Address \_\_\_\_\_  
Street City State Zip code

• School telephone number ( \_\_\_\_\_ ) \_\_\_\_\_ • E-mail \_\_\_\_\_

• Counselor name \_\_\_\_\_ • Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

#### A. Please attach a copy of the applicant's transcript to this form.

• If your school uses a numerical grading system, please indicate letter grade equivalent:

|A= |B= |C= |D= |F= Cumulative GPA \_\_\_\_\_

• Rank of applicant (If precise rank is not available, please indicate rank to the nearest 10th from the top.):

☐ Exactly ☐ Approximately \_\_\_\_\_ from the top, in a class of \_\_\_\_\_ students. ☐ We do not rank.

This rank covers the period from \_\_\_\_\_ (month/year) through \_\_\_\_\_ (month/year).

• Approximate percent of graduating class planning to attend a four-year college: \_\_\_\_\_%

• Test results: ACT \_\_\_\_\_ SAT \_\_\_\_\_  
E M R SR C V M

• Does your school offer Advanced Placement or International Baccalaureate courses? ☐ Yes ☐ No

• Will this student take or have taken Advanced Placement or International Baccalaureate courses? ☐ Yes ☐ No

#### B. How long have you known this student and in what context?

\_\_\_\_\_  
\_\_\_\_\_

#### C. What are the applicant's major scholastic, athletic and extracurricular achievements?

\_\_\_\_\_  
\_\_\_\_\_

**D. Compared to other college-bound students, check how you rate this applicant in terms of academic skills and potential.**

	Below average	Average	Good	Very good	Excellent	One of the top few encountered in my career	No basis for judgment
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation, team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstration of leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency in performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. Are there any special attributes or circumstances that would assist the College of St. Catherine in making a fair admission decision for this applicant?**

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☐ Please call me for additional information regarding this applicant.

**F. Recommendation of this applicant for admission to the College of St. Catherine.**

	Prefer not to recommend	Recommend	Strongly recommend
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If school policy precludes any recommendation, please check here ☐

Under the regulations of the Family Education Rights and Privacy Act of 1974, I understand that a student has access to letters of reference and materials relating to admission to the College of St. Catherine when the student is admitted and enrolls, and the admission materials become a part of the official college record. I also understand that this recommendation form will become part of the official college record.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please type or clearly print name \_\_\_\_\_ Title \_\_\_\_\_