

*Required for all freshmen and transfers who have been out of high school for 2 years or less.*

Date

Creighton University  
Office of Undergraduate Admissions  
2500 California Plaza  
Omaha, Nebraska 68178-0306

How long have you known this student? \_\_\_\_\_ In what capacity? \_\_\_\_\_

[illegible]

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Please evaluate this applicant based on academic performance, consistency and potential. Personal characteristics are of interest as they relate to to applicant's academic ability and potential to succeed at Creighton. Include any special circumstances relevant to this student's application. Please avoid listing the student's extracurricular activities as they are listed elsewhere in the application. You may attach a separate sheet.

***Teacher recommendations are also welcome. Please attach a separate sheet for teacher recommendations.***

Counselor's Name and Title (Please print) \_\_\_\_\_

High School \_\_\_\_\_ CEEB Code Number \_\_\_\_\_

High School Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

Signature \_\_\_\_\_



Thank you for your time and professional judgement in evaluating this applicant.