



**Recommendation for Admission**

*(Please indicate your level of recommendation for admission.)*

	Poor	Fair	Strong	Enthusiastic	No Basis for Judgment
Based on Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Character & Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on Leadership & Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Optional Comments**

*(Please feel free to attach a recommendation.)*

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Signature

Date

Name

Title

(            )

High School Name

Phone

How long have you known the applicant?

School Seal or Stamp  
(if available)

