Guidance Counselor's Recommendation

(High School Students Only) TO BE COMPLETED BY THE STUDENT APPLICANT: Please complete this section and give this form to your guidance counselor. Applicant's last name First name Middle initial Mailing address City State Zip Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see letters written on your behalf for admission. I waive my right of access to this recommendation written on behalf of my candidacy for admission.

TO BE COMPLETED BY THE GUIDANCE COUNSELOR

The above student is applying for admission to Taylor University Fort Wayne. We value your comments and request that you give a full and candid report so that fair consideration may be given to the applicant. Please be as realistic as you can in comparison with other college-bound students.

Date

Applicant's signature

2. This applicant s class fan	ık is: 🗖 Unweighted	Out of	Weighted	Out of	☐ Do not rank
	lable, please indicate rank to nea				
	GPA is: Unweighted		_	On a 4.0 scale	
	A on any other scale, please conv		· ——		
	year's graduating class enrolled in				
	honors or advanced placement co	·			e clearly
**	•			the transcript.	,
6 Please list the courses th	is student is scheduled to take du	iring his/her senior year		1	
	is student is senedated to take do	Tring mo, her bemor year	(ii flot off traffoct	.p.c/.	
ACADEMIC RATINGS					
ACADEMIC KATINOS					
	Outstanding (top 10%)	Above average	Average	Below average	Insufficient
Motivation					
Self-discipline					
C-11 1:					
College readiness					
Intellectual ability					
Intellectual ability	_		u	u	u
· ·	_		u	<u> </u>	
Intellectual ability	_				

Applicant's last name			First name		Middle initial			
<u>CHARA</u>	ACTER AND PERSONALIT	Y TRAITS						
	nip rs n for others	Outstanding (top 10%)	Above average	Average	Below average	Insufficient		
Social m	initiative laturity omment on the above ratings:							
I recomi	mend this applicant for admi	ssion to Taylor Univer	rsity Fort Wayne:					
- for a	academic promise	With enthusiasm	Without significant concern	With mild reservation	With significant reservation	Not at all		
	character and personal promise		_	_	_	_		
Name (p	olease print)	E-mail		Date				
Signatur	e			Position				
School			Telephone number					
School n	nailing address		City	State	Zip			
Are you	an alumnus of Taylor Univers	sity? 🗖 Yes 🗖 No						
Are you	aware of any Taylor Universit	y graduates who are tea	aching in your school?	Please indicate their	names and positions:			
Please lis	st the best time(s) and day(s) c	f the week for an admi	issions counselor to vi	sit your school:				
	ou for taking the time to comp					n to:		
Phone:	1.800.233.3922 260.744.8689	Taylor Ur	Enrollment Services niversity Fort Wayne t Rudisill Blvd.		fice Hours: onday - Friday 8am - 5pm	1		
Fax:	260.744.8850		ne, IN 46807-2197		mmer Hours: onday - Friday 7:30am - 4	:30pm		
E-mail: Web:	admissions@fw.taylor.edu http://fw.taylor.edu				addition to our regular visitat	• -		

 $may \ \ be \ scheduled \ if \ arranged \ in \ advance$