Guidance Counselor's Recommendation

Credits-in-Escrow Program

APPLICANT: Print your name in the space below and on the reverse side. Then, give this form to your guidance counselor.

Applicant's last name	First name	First name	
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.

Applicant's signature

Date

TO BE COMPLETED BY THE GUIDANCE COUNSELOR

The above student is applying for admission in the Credits-in-Escrow program at 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.

EDUCATIONAL BACKGROUND

- 1. How well do you know the applicant? D By name/sight Casually few personal contacts Very well numerous personal contacts
- 2. This applicant's class rank is: Unweighted _____Out of _____ Weighted _____Out of _____ Do not rank
 If exact rank is not available, please indicate rank to nearest decimal (10th) from top: ______
- 3. This applicant's current GPA is: Unweighted On a 4.0 scale Weighted On a 4.0 scale If transcript reports GPA on any other scale, please convert to 4.0 scale.
- 4. Has this applicant taken honors or advanced placement courses? \Box Yes \Box No If yes, please be sure these courses are clearly identified on the transcript.

ACADEMIC RATINGS

	Outstanding (top 10%)	Above average	Average	Below average	Insufficient
Motivation					
Self-discipline					
College readiness					
Intellectual ability					

Please comment on the above ratings.

What should we know about this student that the transcript does not tell us?

Applicant's last name		First name			Middle initial				
CHARACTER AND PERSONALITY TRAITS									
	Outstanding (top 10%)) Above average	Average	Below average	Insufficient				
Leadership									
Concern for others									
Personal initiative									
Social maturity									
Please comment on the above	ratings:								
I recommend this applicant f - for academic promise - for character and personal	With enthusiasm □	Without	With	With significant reservation	Not at all				
Please return this page to Tay - a current official high sch - a high school profile		ne along with:							
Name (please print)]	E-mail	Dat	e					
Signature			Pos	ition					
School		Telephone number							
School mailing address		City	Stat	te Zip					
Are you an alumnus of Taylor	University? 🗖 Yes 🗖 N	0							
Are you aware of any Taylor U	Jniversity graduates who a	are teaching in your s	chool? Please indi	cate their names and po	sitions:				
Thank you for taking the time	to complete this form. Ye	our observations will	assist us in our eval	uation of the applicant.	Please return to:				
Phone: 1.800.233.3922 260.744.8689	Taylor U	Office of Enrollment Services Taylor University Fort Wayne 1025 West Rudisill Blvd. Fort Wayne, IN 46807-2197		Office Hours: Mon-Fri 8am - 5pm					
Fax: 260.744.8850				Summer Hours: Mon-Fri 7:30am - 4:30pm					
E-mail: admissions@fw.taylor.edu									

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Web: http://fw.taylor.edu/cie

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In addition to our regular visitation program through the week, alternative evening and Saturday appointments may be scheduled if arranged in advance.