

COUNSELOR RECOMMENDATION FORM



To the applicant: Please ask your guidance counselor or advisor to complete this form.

Student Name: _____
Last First Middle

How long have you known the applicant and what courses has he/she taken with you?

Please briefly state your assessment of this student's academic strength, achievement and promise. Comment on his/her classroom performance, motivation, initiative and desire to succeed.

- I strongly recommend the admission of this applicant to Millikin University.
- I recommend this applicant.
- I recommend this applicant with reservations.
- I do not recommend this applicant for admission to Millikin University.

(Please make any additional comments you feel would be helpful in assessing this applicant's case.)

Name (please print) _____ Signature _____

School Address

Position Date Telephone

This applicant ranks _____ in a class of _____ students and has a cumulative grade point average of _____ on a _____ scale.
This rank is: weighted unweighted This grade point average is: weighted unweighted
This school DOES NOT rank its students. Because exact rank is not available, I would place this student in the _____ percentile.

To the faculty: Federal legislation stipulates that this information will be open for review upon the student's request, provided admission to the University is granted; otherwise, it is confidential.

Please attach an official copy of this student's transcript and test scores and mail to: Office of Admission, Millikin University, 1184 West Main Street, Decatur, IL 62522-2084