



College Assistance Migrant Program Counselor Recommendation

Applicant Information

- Name: _____
Last First Middle Preferred
- Date of birth: ____/____/____ 3. Male Female 4. Social Security number: _____-_____-_____
- Month Day Year
- Mailing address: _____
Number and Street City State Zip Code
- Telephone at mailing address: (_____) _____
Area Code Number
- E-mail:

Instructions:

To the applicant: Please fill in the information requested above. Give this form to your migrant or senior counselor. To facilitate submission, please give your counselor a stamped envelope addressed to the Office of Admission at the address on the back of the application.

To the counselor: Please complete this form and attach the student's transcript and the Certificate of Eligibility, if available.

SECTION A: School Information

- Name of school: _____
- Mailing address: _____
Number and Street City State Zip Code
- Counselor's name: _____
- Counselor's telephone: (_____) _____ 5. Fax: (_____) _____
Area Code Number Area Code Number
- E-mail:
- Type of high school: Public Public magnet Independent Parochial Other _____
- Last year, approximately _____% of the graduating class attended a four-year college, and _____% attended a two-year college.
- What numerical interval is the letter grade equal to (e.g., A=90-100)? A=_____ B=_____ C=_____ D=_____
- Does the student have a Certificate of Eligibility (COE) on file? Yes No
- If he or she has a COE, please provide the NGS #: _____

SECTION B: Counselor Recommendation

- How long have you known the applicant? _____
- In what capacity? _____
- This report is based upon (check all that apply): Personal observation and contact with student Records
 Other counselors' observations Teacher comments
 Other (specify): _____
- What is the student's cumulative GPA? _____
- GPA is: weighted unweighted
- This candidate ranks: exactly approximately _____ in a class numbering _____ students.
- How many students rank above this candidate? _____

19. Please check the single most appropriate box.

	Unsatisfactory	Below average	Average	Good	Excellent	No basis for judgment
<i>Strength of academic curriculum</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Academic achievement</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Written expression of ideas</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Oral expression of ideas</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Academic growth potential</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Group participation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Time management</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Character and personal qualities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reaction to setbacks</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respect accorded by faculty</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Overall</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. What are the applicant's chief strengths and chief weaknesses? _____

21. Please list areas in which the applicant may require support services (counseling or medical): _____

22. I recommend without reservation with some reservation I do not recommend

Please print name: Mr. Ms. Mrs. _____ Title: _____

Signature: _____ Date: _____