



St. Edward's University requires an academic recommendation form for all freshman (first-year) applicants. For transfer applicants, the recommendation is optional. Teachers, counselors or advisors may use this form or send a separate letter that includes the student's full name, school and date of birth.

TO THE STUDENT

Please complete this portion of the form and give it to your counselor/advisor or teacher of an academic subject. Academic subjects include English, history, science, math, psychology, foreign language, advanced fine arts, etc. Please give your teacher or counselor/advisor a stamped envelope addressed to the Office of Admission at the address on the back of the application.

Name Last name/surname First/given name Middle name Preferred first name

Date of birth: / / Male Female Social Security number: - - (if applicable)

Mailing address: Number and street Town or city Province or state Zip/postal code Country

Telephone at mailing address: ( ) Area code Number

Email: [grid of boxes for email address]

High school or college you currently attend:

City, state and country of high school or college:

Indicate the application deadline so the teacher or counselor/advisor is aware:

Indicate the date you applied or will apply to St. Edward's: An application will not be reviewed until the recommendation form is received.

Important privacy notice: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless you waive your right to access it, as below:

- Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to St. Edward's.

Signature: Date:

TO THE TEACHER OR COUNSELOR/ADVISOR

Please complete this form, or you may send a separate letter in English.

Teacher/counselor/advisor name:

Subject(s) taught:

School (city and country):

Preferred phone:

Preferred email:

Signature: Date:

**SECTION A: SCHOOL INFORMATION**

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=\_\_\_\_\_

**SECTION B: COUNSELOR RECOMMENDATION**

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity? \_\_\_\_\_
3. This report is based on (check all that apply):  Personal observation and contact with student  Records  
 Other counselors' observations  Teacher comments  Other (please specify): \_\_\_\_\_
4. What is the student's cumulative GPA? \_\_\_\_\_ 5. GPA is  weighted  unweighted
6. Please answer the following questions on a separate piece of paper and attach to this form.
  - a. What are the first words that come to mind to describe this student?
  - b. What are this student's chief strengths and chief weaknesses or areas for growth?
  - c. In what area has the student most improved?
  - d. How would you describe this student's class participation?
  - e. What can you tell us about this student's character, as distinct from his/her academic achievements?

**If the student is applying to the College Assistance Migrant Program, please answer the following questions:**

Does the student have a Certificate of Eligibility (COE) on file?  Yes  No

If s/he has a COE, please provide the NGS #: \_\_\_\_\_

Please comment on the student's academic achievement, academic growth potential, emotional maturity and reaction to setbacks. With regard to these qualities, how does this student compare with his or her peers? If you are writing a separate recommendation letter, please focus on these qualities. \_\_\_\_\_

Please list areas in which the applicant may require support services (counseling or medical): \_\_\_\_\_

I recommend:  without reservation  with some reservation  I do not recommend

**If the student is not applying to the College Assistance Migrant Program, please complete the section below:**

In comparison with all students I've worked with in the \_\_\_\_\_ years of my career, this student is:  
 Below average  Average  Above average  In the top five percent

In comparison with all students for whom I'm writing college recommendations this year, this student is:  
 Below average  Average  Above average  In the top five percent

Please use this space for any additional comments you think are relevant to our decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_