Secondary School Report

APPLICANT
Full name ___________________________________________
Last First Middle
Street address ___________________________________________
City _____________________ State ______ Zip _______ Country ________
☐ I waive my right to see this form. ☐ I do not waive my right to see this form.
Signature _______________________________ Date----------

COUNSELOR OR ADVISOR
Full name ___________________________________________
Last First Middle
Title -----------------------------------------------
Institution ---------------------------------------------
Street address ___________________________________________
City _____________________ State ______ Zip _______ Country---------
E-mail -------------------------- Phone number _____________

School Grading Scale (e.g. A = 90-100)
A = _____________ B = _____________ C = _____________ D = _____________ F = _____________

How long have you known the applicant? ___________________________________________
In what context have you known the applicant? ___________________________________________
What are the first words that come to mind to describe the applicant? ____________________________

Please indicate your level of recommendation for the applicant below
Academic Promise:
☐ Enthusiastically ☐ Strongly ☐ Fairly Strongly ☐ With Reservations ☐ Prefer not to Recommend
Character and Personal Promise:
☐ Enthusiastically ☐ Strongly ☐ Fairly Strongly ☐ With Reservations ☐ Prefer not to Recommend
Overall Consideration:
☐ Enthusiastically ☐ Strongly ☐ Fairly Strongly ☐ With Reservations ☐ Prefer not to Recommend
Are there any factors that you know of which might interfere with the applicant's academic performance or personal relationships? ☐ Yes ☐ No
If yes, please explain: ___________________________________________

Signature _______________________________ Date _____________

Send this form to: Office of Admission, Box 9707, Roanoke, Virginia 24020-1707