

Secondary School Report

APPLICANT

Full name	First		Idle
Last	TIISL		
			<u> </u>
City	State Zip	Country	
□ I waive my right to see this form.	\Box I do not waive my right to see this form.		
Signature		Date	
COUNSELOR OR ADVISOR			
Full name			
Last	First	Mi	ddle
Title			
Institution			
Street address			

City	State	Zip	Country
E-mail	Pho	ne number	

School Grading Scale (e.g. A = 90-100)

A =	B =	C =	D =	F =
How long have you know	vn the applicant?			
In what context have yo	u 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

Strongly	Fairly Strongly	With Reservations	Prefer not to Recommend			
al Promise:						
Strongly	Fairly Strongly	With Reservations	Prefer not to Recommend			
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? \Box Yes \Box No						
			Date			
	al Promise:	al Promise: Strongly Fairly Strongly Strongly Fairly Strongly Strongly Fairly Strongly that you know of which might interference No	al Promise: Strongly Fairly Strongly With Reservations Strongly Fairly Strongly With Reservations that you know of which might interfere with the applicant's acad	al Promise: Strongly Fairly Strongly Strongly Fairly Strongly With Reservations Prefer not to Recommend that you know of which might interfere with the applicant's academic performance or personal No		