

SCHOL or COL COL?

BOTH!

Counselor/Teacher Recommendation Form

Please complete the information below. Then give this form to your high school guidance counselor or teacher with a stamped envelope addressed to the Pre-Collegiate Summer Scholars Program.

For the Student to Complete

FULL NAME _____

MAILING ADDRESS _____

CITY _____

STATE _____

POSTAL/ZIP CODE _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

COURSES IN PROGRESS *(Please list your current coursework)*

1. _____
2. _____
3. _____
4. _____

NAME OF COUNSELOR/TEACHER WHO WILL COMPLETE THIS FORM

YOUR TEST SCORES

If you have taken the PSAT, PLAN, SAT, ACT, and/or TOEFL test, please provide us with the month(s) and year(s) for our records.

NAME OF TEST TAKEN _____

DATES TAKEN _____

NAME OF TEST TAKEN _____

DATES TAKEN _____

TEST OF ENGLISH AS A FOREIGN LANGUAGE (TOEFL) DATES TAKEN *(Required for international students)* _____

INFORMATION WAIVER

Before you give this form to your counselor/teacher, please indicate your decision below.

I understand that I have the option to waive my right to future access to this recommendation/evaluation form.

(Select one)

- I hereby waive my right to future access to this form.
- I do not waive my right to future access to this form.

SIGNATURE _____

DATE _____

Reminder: Please be sure your counselor includes a copy of your transcript with this recommendation form.

IMPORTANT: If your recommendations are coming from individuals who are not able to provide transcripts, then it is your responsibility to have the high school send them to us directly. When making your request, please provide the office with a stamped envelope and our mailing address.



Preparing people to lead extraordinary lives

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

For the Counselor/Teacher to Complete

Please complete the remainder of this form, sign and date it, and return it to Loyola University Chicago with a copy of the student's official transcript. Thank you.

Name of applicant _____ How long have you known this applicant? _____

In what capacity have you known this applicant? _____

NAME OF HIGH SCHOOL _____ CEEB CODE _____

ADDRESS _____ CITY/STATE/COUNTRY _____

ACADEMIC STANDING

Cumulative GPA is _____ on a _____ point scale.

This applicant ranks _____ in a class of _____.

This rank covers the period of _____ (month/year) to _____ (month/year) and is _____ weighted _____ unweighted.

This information covers the period of (check one): Sophomore year Junior year

ACADEMIC ABILITY AND MOTIVATION

| | | | | | |
|---------------------|-----------------------------------|--|----------------------------------|--|-------------------------------|
| Academic ability | <input type="checkbox"/> Superior | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Academic motivation | <input type="checkbox"/> Superior | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |

Please describe this applicant's course of study in high school (secondary school):

| | | | | |
|------------------|---|------------------------------------|----------------------------------|--|
| Academic ability | <input type="checkbox"/> Most demanding | <input type="checkbox"/> Demanding | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
|------------------|---|------------------------------------|----------------------------------|--|

PERSONAL CHARACTERISTICS

| | | | | | |
|--------------------|-----------------------------------|--|----------------------------------|--|-------------------------------|
| Self-confidence | <input type="checkbox"/> Superior | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Emotional maturity | <input type="checkbox"/> Superior | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Concern for others | <input type="checkbox"/> Superior | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| Leadership | <input type="checkbox"/> Superior | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |

SUMMARY AND RECOMMENDATION

Please attach another sheet to add any explanation of your ratings or other comments that you think might be useful in evaluating this applicant for admission to Loyola University Chicago's Pre-Collegiate Summer Scholars Program.

COUNSELOR/TEACHER NAME _____

COUNSELOR/TEACHER E-MAIL ADDRESS _____

SCHOOL TELEPHONE NUMBER _____

COUNSELOR/TEACHER SIGNATURE _____ DATE _____

Please send your recommendation and the student's transcripts in the stamped envelope to:

Pre-Collegiate Summer Scholars Program/SCPS
Loyola University Chicago
820 N. Michigan, Suite 401
Chicago, IL 60611