

Please complete and return to:
 Clark Atlanta University
 223 James P. Brawley Dr. SW
 Atlanta, GA 30314

counselor
 recommendation
 form

If you have any questions, please call:
 1-800-688-3228 (toll free)
 404/880-8784

Name _____ Social Security _____

Address _____
Number and Street City/Town State Zip Code

The Family Education Rights and Privacy Act of 1974 entitles students to their letters of recommendation in their permanent file at Clark Atlanta University. The student may waive the right to access, in which the recommendation will be considered confidential and will not be available to the student. If you wish to waive your right to access this recommendation, please sign below.

 Signature of Applicant Date

To be completed by Counselor

Name _____ Position/Title _____

School _____ Phone _____ Email Address _____

School Address _____
Number and Street City/Town State Zip Code

Years you have known student _____ In what capacity? _____

This student ranks _____ in a class _____ students and has a cumulative grade point average of _____ on a _____ scale.

The rank covers a period from _____ to _____. If a precise rank is not available please indicate rank to the nearest tenth from the top.

The rank is Weighted Unweighted. Of the student's graduating class _____% plan to attend a four-year college.

Please rank the student in the categories listed below using the following: O-Outstanding; A-Average; P-Poor; N-No basis for judgment.

_____ Written communication skills	_____ Ability to work with others	_____ Maturity
_____ Verbal communications skills	_____ Intellectual ability	_____ Self discipline
_____ Organizational skill	_____ Analytical ability	_____ Initiative
_____ Judgment	_____ Leadership	_____ Integrity

(Optional) I recommend this student: Strongly Recommend Recommend with reservations

Thank you for completing the evaluation. Please include an official transcript, a list of course in progress, and a school profile. Attach any additional comments you would like to make about the student.

 Signature of Counselor Date