



University of Central Florida

Counselor Recommendation Form



Applicant's full name _____

Social Security Number _____ Date of Birth ____/____/____

Please assess the personal qualities of this student by checking the appropriate box for each item listed below.

	below average	average	good (above average)	excellent (top 10% this year)	outstanding (top 5% this year)	exceptional (one of the top few I have encountered in my career)	I have insufficient basis for judgement
Academic motivation							
Academic potential							
Extracurricular involvement							
Commitment to service							
Leadership ability							
Ability to interact with different groups							
Respect accorded by faculty							
Respect accorded by peers							
Independence and initiative							
Character and integrity							
Sense of responsibility							
Overall							

I recommend this applicant for admission to the University of Central Florida.

	Not recommended	Without enthusiasm	Moderately	Strongly	Enthusiastically
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us anything else you think we might want to know about this student. _____

Signed: _____

Print Name: _____ Date: _____

Title: _____ E-mail: _____

Telephone: (____) _____ Fax: (____) _____

School Name: _____

School Address: _____

Street

City, State, Zip

Instructions for High School Counselors

1. Please submit this completed recommendation form along with a school profile (if available) in a sealed envelope.
2. Please have official transcripts sent to the University of Central Florida Office of Undergraduate Admission.
3. Please remind students to have test scores reported directly to UCF by the testing agency.
4. Return this completed form to:
Office of Undergraduate Admissions
University of Central Florida
PO Box 160111
Orlando, FL 32816-0111