GUIDANCE COUNSELOR RECOMMENDATION FORM

Student to complete:

LAST/FAMILY/SURNAME FIRST NAME MIDDLE NAME Date of birth MONTH, DAY, YEAR
SOCIAL SECURITY NUMBER (IF APPLICABLE) DAY telephone AREA/COUNTRY CODE, NUMBER
Evening telephone AREA/COUNTRY CODE, NUMBER E-mail address

Semester/year for which you are applying  □ Fall 20  □ Spring 20  □ Summer 20

SCHOOL NAME CEEB CODE
ADDRESS CITY, STATE, COUNTRY ZIP CODE/POSTAL CODE

Guidance counselor to complete:

ACADEMIC PROGRAM

Compared with other college-bound seniors in your school, the quality and rigor of this student's academic program is:

□ AP/IB  □ Honors  □ Above average  □ Average  □ Below average

GRADE POINT AVERAGE

Please calculate the applicant's grade point average for all coursework in grades 9 through 11 on a 4.0 scale.

/4.0 Unweighted GPA  /4.0 Weighted GPA

CLASS RANK

Check the rank that most closely describes this applicant's position in the graduating class. If your school does not compute class rank, please provide your best estimate.

□ Top 10 percent of class  □ Top 25 percent of class  □ Top 50 percent of class  □ Below top 50 percent of class

Rank is □ weighted or □ unweighted  Class rank (if available)__________out of__________  □ Valedictorian  □ Salutatorian

STANDARDIZED TEST SCORES

Please identify highest SAT Math and SAT Verbal scores and highest ACT composite score:

SAT Critical Reading__________ Test date__________ SAT Math__________ Test date__________
SAT Writing__________ Test date__________ ACT Composite__________ Test date__________

RECOMMENDATION

How long have you known this applicant? _______ years

Please give us your recommendation regarding this applicant's preparation for study at Howard University.

□ Highly recommend  □ Recommend  □ Recommend with reservations  □ Do not recommend

COUNSELOR’S NAME CEEB CODE AND EMAIL ADDRESS

COUNSELOR’S SIGNATURE DATE TELEPHONE NUMBER

Additional space on the back of this form is provided for you to elaborate on your recommendation. (Please Type)