

STUDENT RECOMMENDATION FORM

Тов	E COMPLETED BY S	STUDENT						
Full	Name		SS#					
High	n School Name							
City	St							
Cou	nselor/Teacher Nan	ne						
Title	<u> </u>							
this	ely and voluntarily recommendation, a ent Signature	nd agree th	hat any con	nments belo	w will remai	mation contained in not confidential.		
Тов	RE COMPLETED BY (OUNSEL OR	2/TEACHER					
TO BE COMPLETED BY COUNSELOR/TEACHER I. How would you compare the student to other seniors?								
	Analytical Skills	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE □	EXCELLENT	OUTSTANDING		
	Classroom Discussion							
	Creative Thinking							
	Growth Potential							
	Initiative							
	Intellectual Skills							
	Written Expression							
	Overall Recommendation							
II.	This student ranks		This	rank is: □ Weig	hted □ Not We	ighted		
III.	How long have you known	the student, and	l in what capacit	y?				

please comment.					
Please tell us about the student. We are particularly interested in the student's intellectual promise, motivation, maturity, integrity and other qualities that will help us differentiate him/her from others.					
Please attach a school profile if av	ailable.				
Counselor/Teacher Signature		Date			
Title					
Telephone		Email			
Please mail to:	Fax to: 404-364-8491	Questions? Contact us at: 800-428-4484, ext. 8307			

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Atlanta, Georgia 30319