



OGLETHORPE
UNIVERSITY

STUDENT RECOMMENDATION FORM

TO BE COMPLETED BY STUDENT

Full Name _____ SS# _____

High School Name _____

City _____ ST _____

Counselor/Teacher Name _____

Title _____

I freely and voluntarily waive my rights of access to any and all information contained in this recommendation, and agree that any comments below will remain confidential.

Student Signature _____ Date _____

TO BE COMPLETED BY COUNSELOR/TEACHER

I. How would you compare the student to other seniors?

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	OUTSTANDING
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. This student ranks _____ in a class of _____. This rank is: Weighted Not Weighted

The high school does not rank _____.

III. How long have you known the student, and in what capacity? _____
