



Pre-college Scholars Guidance Counselor Recommendation Form

To be completed and submitted by the high school guidance counselor

Name of Applicant: _____ Social Security Number: _____	
Name of Guidance Counselor: _____ Phone: _____	
Email: _____ High School: _____	
District IRN: _____ High School Address: _____	
City: _____ County: _____ Zip Code: _____	
Type of High School: _____ High School Accreditation: _____	
Number of academic class periods in your school day, excluding lunch: _____	
Anticipated high school graduation date: _____ Current grade level: _____ Class Size: _____ Class Rank: _____ Passing Mark: _____ GPA: _____ Is GPA weighted? _____ Is ranking exact or approximate? _____ Please check all tests taken by applicant: PSAT SAT ACT AP IB	Has the applicant taken the Ohio Graduation Test? _____ If yes, has the applicant passed all parts? _____ Has the applicant enrolled in CCP previously? _____ If yes, please list all institutions attended below: <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>

Please rate the applicant in comparison with other students planning to attend selective four-year colleges:

	Below Average	Average (Top 50%)	Above Average (Top 25%)	Outstanding (Top 10%)	One of the best I've ever seen
Academic Ability					
Motivation					
Maturity					
Ability to work independently					

Do you recommend this student for the Pre-college Scholars Program at CWRU? _____

To complete this form, please submit a typed, descriptive, written assessment of the applicant's preparation, motivation, independence, maturity, and readiness to undertake college course work along with the following application materials:

- Official high school transcript
- All test scores **NOT** posted on transcript

Guidance Counselor Signature: _____ Date: _____