



Pre-college Scholars Guidance Counselor Recommendation Form

To be completed and submitted by the high school guidance counselor

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| 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: 100px; width: 100%;"></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: _____