

SCHOOL RECOMMENDATION

TO THE STUDENT

Please complete the information below, sign, and send form to your high school counselor, or to the Dean of Men/Women/Students at the institution you are currently attending, or to the appropriate person at the last school in which you were enrolled.

Name _____ Social Security Number _____
Last First Middle

Address _____
Number, Street, or P.O. Box City State ZIP

I waive my right of access to this form once it is completed. I do not waive my right of access to this form once it is completed.

Date _____ Student's Signature _____

TO THE COUNSELOR OR DEAN

The student above has applied to Birmingham-Southern College. Please complete the information requested below, **attach a written letter of recommendation** and return this form to: Office of Admission, Box 549008, Birmingham, Alabama 35254. Thank you.

1. Has this student ever been under academic or social discipline? Yes No If yes, please explain. _____

2. Please provide us with the student's highest SAT or ACT test scores (if available).

SAT-CR _____ SAT-M _____ SAT-W _____ COMBINED _____
ACT EH _____ ACT MA _____ ACT READ. _____ ACT SCI. REAS. _____ COMPOSITE _____

3. Please provide this student's cumulative GPA and class rank. If your school does not rank students, please indicate the most accurate decile for this student. GPA _____ Rank _____ / _____ or _____ Decile

School does not rank students. _____

4. My recommendation of this student's **academic ability** can be characterized as:

Enthusiastic Strong Moderate With reservations I do not recommend this student.
Please contact me for additional information.

5. My recommendation of this student's **character** can be characterized as:

Enthusiastic Strong Moderate With reservations I do not recommend this student.
Please contact me for additional information.

Signature _____ Date _____

Name _____ Position _____

School _____

Address _____
Number, Street, or P.O. Box City State ZIP

Office Telephone (_____) _____

E-Mail Address _____