

COUNSELOR RECOMMENDATION FORM: FRESHMAN APPLICANTS

After filling in the top portion, please give this form to your guidance counselor to complete. This may also be completed by a teacher if a guidance counselor is not available, or if you are home schooled.

Student Name _____
(First) (Middle) (Last) (Jr., III, etc.)
Home Address _____ P.O. Box _____
City _____ County _____ State _____ Zip _____
Phone Number (_____) _____ Date of Birth (month/day/year) _____

GUIDANCE COUNSELOR

Please fill in the blanks below and attach the applicant's official transcript, including courses in progress and a transcript legend.

The candidate's cumulative GPA is _____ and ranks _____ in a class of _____ students.

This rank covers a period from (month/year) _____ to (month/year) _____.

If a precise rank is not available, please indicate rank to the nearest tenth from the top: _____ Weighted Unweighted

Is the applicant an International Baccalaureate (IB) candidate? Yes No

In comparison to other college preparatory students at your school, which best describes the applicant's course selection:

Most Demanding Demanding Average Less Than Demanding

How long have you known the applicant and in what context? _____

What are the first words that come to your mind to describe this applicant? _____

Disciplinary History

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct that resulted in the applicant's probation, suspension, removal, dismissal or expulsion from your institution? Yes No

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony or other crime? Yes No

Note: You are not required to answer "Yes" to this question or provide an explanation if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered to be kept confidential by a court.

If you answered "Yes" to either question, please attach an explanation of the circumstances including the approximate date of each incident.

Applicants are expected to immediately notify the institution(s) to which they are applying should there be any change to the information requested in this application, including disciplinary history.

Check here if you would prefer to discuss this over the phone with the Admissions Office.

Recommendation

I recommend this student

No Basis With Reservation Fairly Strongly Strongly Enthusiastically

How familiar are you with Alma College?

I know the College very well. I know something about the College. I know very little about the College.

Guidance Counselor's Name (please print) _____

Counselor's Signature

Date

Counselor's E-mail _____

Name of High School _____

School CEEB/ACT Code _____

Office Phone Number (_____) _____

Office Fax (_____) _____

PLEASE RETURN TO:

Alma College Admissions Office
614 W. Superior Street
Alma, Michigan 48801-1599

(989) 463-7139 • Toll-Free: 1-800-321-ALMA • Fax: (989) 463-7057
E-mail: admissions@alma.edu

CONFIDENTIALITY

We highly value your comments and ask that you complete this form with the knowledge that it may be retained in the student's file should the applicant enroll at Alma College. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files which may include forms such as this one. Alma College does not provide access of admission records to applicants, those students who are denied, or those who decline an offer of admission. Thank you for your cooperation and thoroughness in completing this form.