

## COUNSELOR'S RECOMMENDATION FORM

Name of Student: \_\_\_\_\_  
Last First Middle Initial

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Which of the following best describes the student's current or last academic program?  
 General       College Preparatory       Other Specify) \_\_\_\_\_
  
2. How would you rate this student in terms of aptitude and achievements?  
 Excellent       Average       Poor  
 Good       Fair      G.P.A. \_\_\_\_\_
  
3. How many days has the student been absent or tardy during the current school year?  
\_\_\_\_\_ Absent      \_\_\_\_\_ Tardy
  
5. What is the scheduled graduation date for the student's class? \_\_\_\_\_  
Month Year
  
6. If the student is behind schedule please mark the appropriate box.  
 Will require at least one semester beyond his/her class scheduled graduation to complete requirements.  
 Is likely to be able to make up to the deficiency by taking extra load  
 Is likely to be able to make up the deficiency in summer school  
 Not applicable

***Please note:***

In your recommendation, we want to know if you feel that this individual, given the proper guidance and assistance, has the ability to do post-secondary work if given a chance. We need to know any information you may have regarding the personal traits of the individual. \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

- ◆ Test Scores (Related Data)
- ◆ Transcript(s)
- ◆ Copy of Current Report Card

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

*Upward Bound Program ◆ Virginia State University  
P.O. Box 9014 ◆ Petersburg, VA 23806  
(804) 524-5811*