

## High School Recommendation

### I. To be completed by the applicant (please print or type)

Name \_\_\_\_\_  
Last name
First
Middle

Home address \_\_\_\_\_  
Street address
PO Box
City
State
Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Social Security number \_\_\_\_\_

School now attending \_\_\_\_\_

School address \_\_\_\_\_  
Street address
PO Box
City
State
Zip

Waiver of right of access to confidential statement: *I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### II. To be completed by high school guidance counselor, administrator, or homeschool supervisor\* and submitted with transcript

The following information is very helpful to us in making admission decisions. We seek to gather as much information as possible about the academic programs, rating criteria, and achievements of our applicants. Thank you for your time.

1. Student's rank (unweighted): \_\_\_\_\_ in a class of \_\_\_\_\_ Date of graduation \_\_\_\_\_  
 Check here if your school does not rank. Date of withdrawal \_\_\_\_\_

2. Percentage required for passing \_\_\_\_\_ %

3. Student's cumulative GPA: \_\_\_\_\_ (Include a grading scale.\*) Based on \_\_\_\_\_ semesters  
 \*Please elaborate or attach a school profile.

Indicate if GPA is:

Unweighted       Based on all subjects       Not on a 4.0 scale  
 Weighted       Academic only       Other \_\_\_\_\_

4. This student's curriculum could best be described as  College preparatory     General studies     Vocational  
 Other \_\_\_\_\_

5. Please enclose a copy of the student's senior year courses.

6. Please list this student's activities and honors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Is the student a National Merit Finalist or Semi-Finalist?     Yes     No MORE

\*Whenever possible, the high school recommendation form should be supplemented by an educator or other person who can knowledgeably comment on the student's academic progress and achievement.

## High School Information

High school name \_\_\_\_\_

School type:  Public  Private  Private, Christian  Home  Accredited by: \_\_\_\_\_

Learning Environment:  Traditional  Self-paced  Home  Other \_\_\_\_\_

Last year's school average ACT score (composite): \_\_\_\_\_

Last year's school average SAT score (combined critical reading and math): \_\_\_\_\_

Does your school offer Advanced Placement (AP), International Baccalaureate (IB), or Honors courses?  Yes\*  No

\*How are they identified on the student's transcript? \_\_\_\_\_

## Counselor Comments

*Counselor comments are helpful and may assist in interpreting the student's record. Please use the following categories to identify the student's strengths. Check the box that best describes this student.*

	<i>Superior</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>Unable to Comment</i>
Course Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know of any circumstances that may have negatively impacted this student's academic achievement?

No  Yes (please attach a brief explanation)  Unable to comment

Has this student been dismissed or suspended from your institution?  No  Yes\*  Unable to comment

\*If yes, please explain. \_\_\_\_\_

## Recommendation Concerning Admission

Highly Recommend  Recommend  Recommend with reservations  Prefer not to recommend

**I need to discuss this recommendation by phone.**

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

School address \_\_\_\_\_  
Street address PO Box City State Zip

School Phone (\_\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Are you a graduate of CU?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Instructions to High School Counselors

1. Enclose an official transcript.
2. Enclose the school profile/grading scale.
3. Return this completed recommendation with all appropriate documents enclosed to:  
**Admissions Office  
Cedarville University  
251 N. Main St.  
Cedarville, Ohio 45314  
Fax number: 937-766-7575**
4. Please remind students to have test scores reported directly to the University by the testing agency.  
ACT Code: 3245 SAT Code: 1151
5. If possible, please send all documents together. Documents sent separately will delay the processing of the application.
6. Allow seven to ten days for mail to reach the admissions office. Processing time for transcripts is 3–4 days.