

Counselor's Recommendation



Academic and Christian Discovery

Instructions: After you have completed the top portion of this form, give it to your guidance counselor. If your counselor is not an option, choose someone else as an academic reference. No action will be taken on your application until we receive this form.

For you, the applicant, to complete

Name _____ SSN (optional) _____ - _____

Address _____
STREET ADDRESS CITY STATE ZIP/POSTAL CODE

Phone (_____) _____ Projected high school graduation date _____

I hereby waive my right to review this form after completion and authorize the release of my academic and personal records for use as requested by Anderson University. I further request that my official high school transcript be sent to Anderson University.

SIGN HERE

Signature _____ Date _____

For your guidance counselor to complete

Note: Indiana counselors are encouraged to complete the eSSR report on Docufide as an alternative to this form.

Name _____ Title _____

E-mail _____ Phone (_____) _____

How long have you known the applicant? _____

Rate the applicant's qualities in each of the following areas:

	Well Above Average	Above Average	Average	Below Average	N/A
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy/enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatible with AU mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(see reverse)

I prefer to discuss my comments by phone.

Please Continue

Additional comments

Please tell us anything else that we should know about the applicant. _____

It all comes down to this . . .

We believe that students who choose to live by Christian principles should have a particular kind of college to attend — a college that creates opportunities for students to pursue **academic and Christian discovery**. We value students who strive for and maintain high moral and ethical standards and contribute to the quality of life in our campus community. As part of our commitment to provide a distinctive college experience, the university prohibits possession and use of alcoholic beverages, illegal drugs, tobacco in any form, gambling, sexual misconduct, foul language, cheating, theft, and any other conduct inconsistent with the goals and traditions of this institution. We trust these comments will be helpful as you consider the possible match of this student with Anderson University. To learn more about Anderson University, visit our Web site at www.anderson.edu, or call toll-free (800) 428-6414.

Transcript request

NOTE: By signing this form, the applicant has authorized and requested the release of his or her official transcript. Please complete this form and mail it — together with the student's transcript and standardized test scores — to the address below.

Applicant's rank in class $\frac{\quad}{\text{RANK}} / \frac{\quad}{\text{CLASS SIZE}}$ Applicant's grade point average on a 4.0 scale _____

Name of high school _____ CEEB code _____

The school is a . . . Public school
 Private school
 Home school

Accreditation: State accredited
 Non-accredited
 Accredited by regional association

Indiana applicants: On track for Core 40? Yes No
Academic honors? Yes No

Indiana counselors are encouraged to complete the eSSR report on Docufide as an alternative to this form.

Signature and date

SIGN HERE 

Signature _____ Date _____

Return this form, along with the student's official transcript and standardized tests scores (if applicable), to:

Anderson University
Office of Admissions
1100 East Fifth Street
Anderson, IN 46012-3495