

SCHOOL RECOMMENDATION

TO THE STUDENT

Please complete the information below, sign, and send form to your high school counselor or IB coordinator.

Name _____ Social Security Number _____

Address _____
Last First Middle
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.

I authorize the Birmingham-Southern College admission office to solicit/request any missing or needed material from my high school for the purpose of evaluating me for acceptance into the Student Leaders in Service.

Date _____ Student's Signature _____

TO THE SCHOOL COUNSELOR

The student above has applied to Birmingham-Southern College's **Student Leaders in Service**, a summer program for high school juniors and seniors. Please complete the information requested below and return this form to: Office of Admission, Box 549008, Birmingham, Alabama 35254

1. Has this student ever been under academic discipline or social discipline and/or been suspended or expelled while at your school?

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. READ. _____ Combined _____

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 reservation I do not recommend this student/Please contact for additional information.

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

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

6. Is the student a participant in an International Baccalaureate program?

Yes No

7. Please use the space below to inform us of any other information we should know about this student (e.g. recent personal hardships or health issues)

Signature _____ Date _____

Name _____ Position _____ School _____

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

Office telephone _____ (_____) E-Mail Address _____