

COUNSELOR RECOMMENDATION



- PLEASE GIVE THIS FORM TO YOUR HIGH SCHOOL COUNSELOR.
- THE POSTMARK DEADLINE TO RECEIVE THIS INFORMATION IN THE ADMISSIONS OFFICE IS DECEMBER 1, 2011. THANK YOU!

Student name _____

High school counselor name _____ Title _____
(if different)

High school name _____

Address _____

Phone (____) _____ Email _____

List of senior year classes (both semesters). Please note if they are AP or Honors classes.

Semester 1	Semester 2

Please include a school profile, standardized test information and a high school transcript with this form. Thanks!

Entrance date _____ Graduation date _____ Withdrew _____

Student ranks _____ in a graduation class of _____ Rank is weighted unweighted

Student's cumulative GPA is _____ GPA is weighted unweighted

How long have you known this student? _____

How would you rate this student's class load?

- Most demanding Demanding Average Less than demanding

How well do you think this student will succeed at Siena College?

- Superior Above average Average May have difficulty Little success

What is your overall recommendation?

- Recommend enthusiastically Recommend Do not recommend

(continued)

COUNSELOR COMMENTS

Did we miss anything? Please include any comments below that you believe will be helpful to the Admissions Committee.
Or attach a letter of recommendation.

Signature _____ Date _____

Thanks again for completing this form. Please mail by December 1, 2011.

Heather Renault
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Siena College
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Loudonville, NY 12211-1462