



- PLEASE GIVE THIS FORM AND THE SMALLER POSTAGE-PAID ENVELOPE TO YOUR HIGH SCHOOL COUNSELOR.
- THE POSTMARK DEADLINE TO RECEIVE THIS INFORMATION IN THE ADMISSIONS OFFICE IS MARCH 1, 2010. THANK YOU!

Student name _____

High school counselor name _____ Title _____
(if different)

High school name _____

Address _____

Phone () _____ Email _____

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. If no envelope accompanied this form, please mail by March 1, 2010.

Heather Renault
Director for Admissions
Siena College
515 Loudon Road
Loudonville, NY 12211-1462