

Counselor Recommendation Form

Applicant

Please complete this section. Upon completion, give it to a **counselor** who has knowledge of your academic performance within the last two years.

Name _____
LAST
FIRST
MIDDLE

Address _____
STREET/BOX NUMBER
CITY
STATE
ZIP

- I waive access to this letter of recommendation. I understand it will remain confidential and that I will not have access to read it.
 I do not waive access to this letter of recommendation. I retain my right to have access to read it during the admission process at Texas Lutheran University.

Initials _____

School Official

This student has applied for admission to Texas Lutheran University. In order to have the file of this applicant reviewed by the Admissions, Academic Standards, and Advising Committee, this recommendation is needed. We value your comments and appreciate your assistance with the admissions process of Texas Lutheran University. We thank you for your assistance.

How long have you known the applicant? _____ In what capacity? _____

How would you describe him or her? _____

Please rate this applicant as compared to other college-bound students you have observed:

Personality Trait	Not Observed	Below average	Average	Good	Excellent
Quality of oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written English	<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"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation/consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On the basis of character and personal promise, how would you recommend this applicant?

- Highly recommended Recommended Recommended with reservation Not recommended

Does the student's academic record accurately reflect abilities? If not, why? _____

Additional comments and/or unusual circumstances (attach additional sheet if preferred) _____

This report is based on: Personal contact Teacher comments Other counselor observations Records

Completed by _____ Title _____ E-mail _____

Signature _____ Subject area _____ Date _____

Secondary school _____ Phone number (_____) _____

Please return this form to: Texas Lutheran University, Enrollment Services, 1000 W. Court St., Seguin, Texas 78155, or fax to 830-372-8096.