COUNSELOR RECOMMENDATION

Applicant's Name _____
Last First Middle

Home address _____
Number & Street City State Zip

- After filling out your name and address, please give this form to your college advisor.

SECONDARY SCHOOL/COLLEGE ADVISOR

Please complete

- School Accredited by ❑ State System ❑ Regional Accreditation Association
  ❑ Public ❑ Non-public High School CEEB/ACT Code _____
  Percent of graduates entering 4 yr. College _____ 2 yr. College _____ Other _____
- Student's rank-in-class is _____ in class size _____.
  The rank is ❑ Weighted ❑ Unweighted ❑ Our school does not rank
- Student's GPA _____. ❑ 4.0 Scale ❑ Other: _____
  The GPA is ❑ Weighted ❑ Unweighted
- I recommend this student: ❑ Fairly Strongly ❑ Strongly ❑ Enthusiastically ❑ Please call me
- The recommendation you give will be used for admission and scholarship consideration.
- How familiar are you with Ripon? ❑ Not Familiar ❑ Somewhat Familiar ❑ Very Familiar

RATINGS

Compared to other college-bound students whom you have taught or counseled, check how you would rate this student in terms of academic skills and potential:

No Basis For Judgement		Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encountered in my career
	Creative, original thought						
	Motivation						
	Independence, initiative						
	Intellectual ability						
	Academic achievement						
	Leadership ability						
	Community service						
	Disciplined work habits						
	Potential for growth						
	SUMMARY EVALUATION						

OPTIONAL

- **Please write on the back of this sheet or on a separate sheet a brief summary appraisal of the candidate, assessing the student's personal and academic qualities and the student's promise as a Ripon College student and scholarship candidate (if qualified).**

Counselor's or Teacher's Name (please print or type) _____
E-mail Address _____ Position _____
Secondary School _____ Office Telephone _____
School Address _____
Street City State Zip

Signature _____ Date _____

PLEASE ATTACH THE STUDENT'S SCHOOL TRANSCRIPT. Thank You.
Please mail to: OFFICE OF ADMISSION, RIPON COLLEGE, 300 SEWARD ST., PO BOX 248, RIPON, WI 54971-0248