



RECOMMENDATION OF GUIDANCE COUNSELOR

SECTION 1: To be completed by the student (please print)

Instructions for student: Complete section 1 and submit the form to your guidance counselor to complete the remaining sections.

Name: _____ Female _____ Male _____
Last First Middle Initial

Address: _____
Street City State Zip

High school: _____ Phone: _____

Date of birth: ____/____/____ Email address: _____

SECTION 2: To be completed by the guidance counselor

Instructions for counselor: Complete section 2. After completion, sign and return the form with an official high school transcript, high school profile and a schedule of courses in progress for this student. Send materials to **Bluffton University, Office of Admissions, 1 University Dr., Bluffton, OH 45817. Toll-free: 1-800-488-3257. Email: admissions@bluffton.edu. Fax: 419-358-3081.**

Student Data Verification

Student GPA: _____ based on ____ semesters Class rank: _____ out of _____ based on _____ semesters

Student's course selection is: ____ very demanding ____ somewhat demanding ____ average ____ below average

This student will graduate from high school with college credit: ____ yes ____ no If yes, what type: _____

Ohio counselors only: This student passed or is exempt from all portions of the Ohio Graduation Test and is eligible to receive a high school diploma: ____ yes ____ no

Reference Assessment

Please check how you rate this student in the following areas. Attach any additional comments you may have from personal interactions or from teachers who are academically familiar with this student.

	No basis	Below average	Average	Above average	Excellent
Academic motivation					
Academic ability					
Academic potential					
Personal character					
Emotional stability					

Has this student ever been suspended or expelled from high school? ____ yes ____ no
 If yes, for what offense: _____ Date: _____

Has this student been on academic or disciplinary probation while attending your school? ____ yes ____ no
 If yes, for what offense: _____ Date: _____

My overall recommendation for this student: ____ with reservation ____ fairly strong ____ strongly ____ excellent

Guidance counselor name (please print): _____

Phone: _____ Email address: _____

Signature: _____ Date: _____

____ Please call me. I prefer to talk about this student.