

AUSTIN COLLEGE

COUNSELOR/COLLEGE ADVISOR RECOMMENDATION FORM

Return completed form to:

Austin College

Office of Admission

900 North Grand Avenue, Suite 6N
Sherman, Texas 75090-4400

Phone: (903) 813-3000

Or use our toll-free number: (800) 442-5363

FAX: (903) 813-3198

E-mail: admission@austinc.edu

Web site: www.austinc.edu

To be completed by the student:

Student's Name

Student's Address

City State Zip

Social Security Number

I am applying under the following admission plan:

- Early Decision
December 1
- Early Action I
December 1
- Early Action II
January 15
- Rolling Admission
March 1 recommended
- Transfer

I/we waive reserve the right to review this recommendation after it has been completed.

Signature of Applicant

Signature of Parent/Guardian

All admission credentials for applicants must be received in the Office of Admission by one of the following deadlines:

Freshman Applicant Deadlines

- Early Decision (binding) – December 1
- Early Action (non-binding) – December 1 (*Early Action I*) or January 15 (*Early Action II*)
- After January 15, applicants will be considered on a rolling basis (*March 1* is the recommended deadline)

Transfer Applicant Deadlines

- Spring Semester – *January 15*
- Fall Semester – *August 1*

To the applicant:

Please provide the person making this recommendation with a stamped envelope addressed to the Office of Admission.

To be completed by the high school counselor or college advisor: The Admission Committee reads this form carefully and considers your comments to be an important part of our evaluative process. Admission to Austin College is very selective with three to four times as many applicants as places in the entering class. The ideal applicant has a high degree of academic aptitude and motivation, and a desire to be an involved member of a strong academic community of 1,200 students. We thank you for your cooperation on behalf of this candidate and recommend that before completing this form you note whether the student has waived his or her right to review this recommendation form.

SCHOOL RECORD

Please complete the following: (Disregard if you are a college advisor preparing this recommendation for a transfer student.)

The student's rank-in-class is/was _____ of _____ students. Date of ranking: _____
(If precise rank is not available, please indicate rank to the nearest tenth from the top.)

School does not rank

In determining rank, is extra weight given to accelerated or enriched courses (e.g., honors, advanced placement)?

Yes No

What percentage of last year's graduating class is attending four-year colleges? _____

How would you rate the academic rigor of the applicant's curriculum?

Average Some accelerated coursework Rigorous in many subject areas Most rigorous available

The Admission Committee considers the following in reviewing candidates for admission:

- Courses taken, year taken, and grades
- Courses failed or repeated
- Courses currently in progress or scheduled for the student's final semester
- Cumulative G.P.A. and current class rank
- Test results – SAT I, ACT, etc.
- Indication of accelerated or enriched courses

RATINGS

Please make the following ratings in comparison to this student's entire class. Check the single most appropriate response.

	No Basis for Judgement	Below Average	Average	Good (above avg.)	Excellent (top 10%)	Exceptional (top 2-3%)	One of the top few I have ever encountered
Academic motivation	_____	_____	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____	_____	_____
Academic growth potential	_____	_____	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____	_____	_____
Leadership potential	_____	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____	_____
Sense of responsibility	_____	_____	_____	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____	_____	_____	_____
Personal initiative	_____	_____	_____	_____	_____	_____	_____

SUMMARY STATEMENT

Please describe the qualities and characteristics of the student which you believe will affect his or her success at Austin College. Address both strengths and weaknesses of the candidate. Please provide any additional information about the student which you would like to share to help us better understand your comments or ratings (e.g., level of academic challenge or competition at your school, family situation, behavioral or social issues). You may attach an additional sheet if needed or provide your own prepared statement.

The above comments/ratings were based upon:

- Teachers' comments Personal interaction with the student School records

How familiar are you with Austin College? Very Somewhat Not at all

Name of person completing this form (please print): _____

Your position (title): _____

Name and address of high school/college: _____

_____ Phone: _____

Signature: _____ Date: _____

Please attach a school profile if available.