

1. How long have you known this applicant? ____ year(s) ____ month(s).
2. Your interactions with this student have been:
 occasional ____/ moderately often ____/ very often ____.
3. Please Validate some information from the transcript:
 - a) What is the student's GPA?_____ If no GPA, please explain:_____
 - b) What is the size of the student's graduating class?_____
 - c) What is their class rank?_____ If no ranking, please explain:_____
 - d) Standardized test scores:
 PSAT/SAT
 Math____Verbal____Reading____Science____Reasoning____Writing____Comp____

 ACT
 Math____Verbal____Reading____Science____Reasoning____Writing____Comp____
4. **ASSESSMENT OF APPLICANT'S PERFORMANCE AND POTENTIAL:** Please rate the applicant in comparison with other students whom you have known at about the same stage of their academic careers.

	Truly Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Average (Lower 50%)	No Basis for Judgment
General academic achievement							
Achievement in math/science							
Scientific motivation							
Oral expression							
Written expression							
Imagination/creativity potential							
Ability to interact with peers							
Ability to work independently							
Maturity							

COUNSELOR'S RECOMMENDATION

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5. Applicant's overall suitability for summer research program. Please indicate the strength of your overall endorsement of this applicant by placing a single checkmark in one of the boxes:

1 Truly Exceptional (Top 1%)	2 Outstanding (Top 5%)	3 Excellent (Top 10%)	4 Very Good (Top 25%)	5 Satisfactory (Top 50%)	6 Average (Lower 50%)	7 No Basis for Judgment

6. Elaborate on the strengths and limitations of the applicant as they relate to his/her suitability for the summer research program. What differentiates this student from other students you have encountered? Do you expect this program to benefit the applicant significantly? (Use the back of this page if necessary.)

7. If the applicant claimed a disadvantage (see cover sheet), please assess the validity of that claim.

Signature of Counselor

Date **Work email**

Printed Name of Counselor

Work Ph **Home Ph**

Email Address **Home Address** **City** **State** **Zip Code**

High School **Street Address** **City** **State** **Zip Code**