Counselor Recommendation

Please present this form to a school counselor or teacher for completion. A written recommendation on your character and academic ability is also requested.

Student’s Full Name: ____________________________________________

Counselor/Teacher Name: _______________________________________

Contact Information: Phone: [_____] Email: _______________________

Level of academic abilities: [ ] Below Average [ ] Average [ ] Above Average [ ] Exceptional

Has this student ever presented or been part of disruptive classroom behavior? [ ] Yes [ ] No

Has this student ever been suspended or expelled for unacceptable behavior or activities? [ ] Yes [ ] No

If you answered yes to either of the previous 2 questions, please explain: ______________________________________________________

Please provide a short written recommendation addressing this student’s academic strengths and character that would suggest why you believe this student has the talent required for college level courses this summer program.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Estimated GPA: _________ Estimated Rank (Pick One): [ ] Top 10% [ ] Top 25% [ ] Top 50% [ ] Bottom 50%

I would: [ ] Highly Recommend [ ] Recommend [ ] Recommend with Reserve [ ] Not Recommend this student for your summer program.

Signature: ___________________________ Date: _______________________

Please submit this form and an official transcript to: McMurry University
Office of Admission
1 McMurry Station, Box 278
Abilene, TX 79697

McMurry University • (325)793-4700 • WWW.McM.EDU