Benedictine University Counselor Recommendation and Transcript Request

	APPL	ICANT INFO	PRMATION				
After completing this section, please give this to your high school guidance counselor. Please note, your application will not be reviewed for an admissions decision until we receive your transcripts and test scores.							
APPLICANT'S NAME LAST	FIRST		MIDDLE				
ADDRESS							
I WAIVE MY RIGHT TO ACCESS THE INFORMA	TION CONTAINED HEREIN.						
SIGNATURE							
	HIGH SCHO	OL GUIDAN	ICE COUNSE	LOR			
After completing this form, please in prefer, you can scan and email it to considered complete until all mater documents and an application file in the scan in th	admissions@ben.edu. ٦ ials (transcripts and test	Thank you for t scores) are re	your evaluation. eceived. Once o	Please note: The ur office has rece	student's app	lication is not	
How long have you known the applica	nt?						
In what context(s) have you known the	e applicant?						
Applicant's cumulative GPA:							
Do you believe the academic record is	s a true reflection of the stu	udent's ability?	□ No □ Yes				
If no, do you believe outside circumsta							
Please rate the student for each of the	e following characteristics	(circle one num	ber only, for each):			
	One of the Best I've Ever Encountered	Excellent	Above Average	Average	Below Average	No Basis for Judgment	
Analytical Ability	5	4	3	2	1	0	
Breadth of General Knowledge	5	4	3	2	1	0	
Determination/Focus	5	4	3	2	1	0	
Initiative	5	4	3	2	1	0	
Intellectual Ability	5	4	3	2	1	0	
Maturity	5	4	3	2	1	0	
Motivation for College Level Work	5	4	3	2	1	0	
Oral Communication	5	4	3	2	1	0	
Resourcefulness	5	4	3	2	1	0	
Written Communication	5	4	3	2	1	0	
What do you believe is the student's p □ Superior □ Above Average □ M	ootential for success at Ber loderate	nedictine Unive	rsity (check one)?	l success			
I recommend this student (check one)	: ☐ Strongly/without rese	rvation Yes	, but with some co	oncerns With o	loubt/reservation	1	
Please comment on what you feel are recommendations for what you believ	0	,			ed. Please provi	de any	
Signature:							
		Title:					
High School:		High School Address:					
Phone Number:		Email Address:					

Thank you once again for your reflections on behalf of this student. Please submit this form, and any other supporting documentation, to Benedictine University, Enrollment Center, 5700 College Road, Lisle, IL 60532, via email to admissions@ben.edu or fax (630) 829-6301.