COUNSELOR OR TEACHER RECOMMENDATION

To the Student

Please fill out the requested personal information below. Then give this form to your counselor or teacher.

Legal name: _____
Last First Middle

Birth date: _____ Address: _____
Month/Day/Year

_____

To the Counselor or Teacher

Please fill out the information below and return to the address below.

How would you rate this student according to the following skills and potential?

	Outstanding	Excellent	Above Average	Average	Below Average	No Basis
Academic Achievement	☐	☐	☐	☐	☐	☐
Intellectual Ability	☐	☐	☐	☐	☐	☐
Extracurricular Accomplishments	☐	☐	☐	☐	☐	☐
Ethics	☐	☐	☐	☐	☐	☐
Relationship with Peers	☐	☐	☐	☐	☐	☐
Creativity	☐	☐	☐	☐	☐	☐
Independence/Initiative	☐	☐	☐	☐	☐	☐
Potential for Growth	☐	☐	☐	☐	☐	☐

In comparison to other college preparatory students at this school, the applicant's course selection is:

☐ Most Challenging ☐ Very Challenging ☐ Challenging ☐ Average ☐ Less Challenging

Student rank or percentile (if known): _____

Counselor or teacher's name: _____

School: _____

Counselor or teacher's phone: _____ E-mail address: _____

Counselor or Teacher Letter of Recommendation

Counselor or teacher: Please attach a separate letter to this form describing the student's academic and personal characteristics. If this student's academic record does not accurately reflect his or her ability, briefly explain how the student is working to rectify this difference. Please return your recommendation and evaluation as soon as possible to aid in a prompt admission decision for your student. Thank you.

Recommended Return Date: Prior to January 15, 2011

UNIVERSITY OF PORTLAND

Office of Admissions
5000 North Willamette Boulevard
Portland, Oregon 97203
T (503) 943-7147
F (503) 943-7315
Toll-free (888) 627-5601
E-mail: admissio@up.edu