High School Completion Recommendation

International Education Programs

(For students under the age of 18)

Student's Name _____

(PLEASE PRINT) FAMILY FIRST MIDDLE

TO STUDENT:

- Please submit to a teacher or counselor who knows you well.

TO TEACHER / COUNSELOR:

- Please complete the rating section of this form, and use the space below to write written comments about the applicant. You may, however, submit a separate letter of recommendation and attach it to this form.

TO BE COMPLETED BY RECOMMENDER

RATING	No Basis for Judgment	Poor	Below Average	Average	Above Average	Superior
Communication skills						
Academic ability						
Judgment						
Cooperation						
Maturity						
Commitment to goals						

Comments on the applicant:

Attach an additional page if necessary

Name (please print or type) Title

Signature Date