



Office of Enrollment Management
2601 Gentilly Boulevard, New Orleans, LA 70122-3043

Application for Admission 4

Counselor Recommendation

To the Applicant: Complete the top section of this form to the heavy black line below. Give this form to a present or former teacher, college advisor, or faculty member. The form should be returned to the address listed above.

Applicant's name _____

Last or family name
First
Middle
Social Security Number

Applicant's Address _____

Number and Street
City
State
Zip

Phone number (_____) _____

Secondary School _____

School Name

School address _____

Number and Street
City
State
Zip

The Family Educational Rights and Privacy Act of 1974, effective January 1, 1975, provided that an applicant admitted to and enrolling at Dillard University is entitled to review records on file. If an applicant wishes his or her recommendations to Dillard University be submitted on a confidential basis, this right of access may be waived. If you wish this form to remain confidential, please sign below.

"I will not seek access to this confidential recommendation submitted on my behalf and used for admission and initial academic counseling purposes only."
 (By signing here you will not have access to read or review this document.)

Applicant's signature _____ Date _____

To the Recommender:

The above-named candidate has applied for admission to Dillard University. The applicant has been instructed to give the form to a recommender who is familiar with the student's academic abilities and background. Please complete this form promptly, and return it to the Office of Enrollment Management. You may attach/substitute a letter or recommendation for this form. The information will be kept strictly confidential. Early receipt of this recommendation will facilitate the processing of the student's application.

Please provide your school's CEEB number: _____

The applicant ranks _____ out of _____ Weighted Unweighted

Cumulative GPA: _____ (Weighted) _____ (Unweighted)

	Average or below	Good (above average)	Excellent (top 10%)	Outstanding (top 5%)	No basis for recommendation
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the appropriate response for each of the following items:

- | | | | | | |
|-----------------------------|---|---|---|---|---|
| 1. Motivation | <input type="checkbox"/> Purposeless | <input type="checkbox"/> Vacillating | <input type="checkbox"/> Usually Purposeful | <input type="checkbox"/> Effectively motivated | <input type="checkbox"/> Highly Motivated |
| 2. Industry | <input type="checkbox"/> Seldom works even under pressure | <input type="checkbox"/> Needs constant pressure | <input type="checkbox"/> Needs occasional prodding | <input type="checkbox"/> Prepares assigned work regularly | <input type="checkbox"/> Seeks additional work |
| 3. Influence and Leadership | <input type="checkbox"/> Negative | <input type="checkbox"/> Cooperative but retiring | <input type="checkbox"/> Contributes in minor affairs | <input type="checkbox"/> Contributes in important affairs | <input type="checkbox"/> Judgement respected; proactive |
| 4. Concern for Others | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Somewhat socially concerned | <input type="checkbox"/> Generally concerned | <input type="checkbox"/> Deeply and actively concerned |
| 5. Responsibility | <input type="checkbox"/> Unreliable | <input type="checkbox"/> Somewhat dependable | <input type="checkbox"/> Usually dependable | <input type="checkbox"/> Conscientious | <input type="checkbox"/> Assumes much responsibility |

This report is based on: Personal observation Other faculty/counselor recommendation
 Written records Other (specify)

Recommender's estimate of applicant's probable college success:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Little Success | <input type="checkbox"/> May encounter some difficulty | <input type="checkbox"/> Average | <input type="checkbox"/> Above average |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Recommended | <input type="checkbox"/> Recommended with reservation | |
| <input type="checkbox"/> Prefer not to make recommendation | | | |

Comments:

Recommender's Name _____ Title _____
Please print

Work Phone Number _____ Fax Number _____

Signature _____ Date _____