

High School Recommendation

I. To be completed by the applicant (please print or type)

Name _____
Last name
First
Middle

Home address _____
Street address
PO Box
City
State
Zip

Home Phone (_____) _____ Social Security number _____

Waiver of right of access to confidential statement: *I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.*

Applicant's signature _____ Date _____

II. To be completed by high school guidance counselor, administrator, or homeschool supervisor and submitted with transcript

The following information is very helpful to us in making admission decisions. We seek to gather as much information as possible about the academic programs, rating criteria, and achievements of our applicants. Thank you for your time.

1. Student's rank (unweighted): _____ in a class of _____ Date of graduation _____

Check here if your school does not rank.

2. Percentage required for passing _____ %

3. Student's cumulative GPA: _____ (Include a grading scale.*) Based on _____ semesters

*Please elaborate or attach a school profile.

Indicate if GPA is:

Unweighted Based on all subjects Not on a 4.0 scale

Weighted Academic only Other _____

4. This student's curriculum could best be described as College preparatory General studies Vocational
 Other _____

5. Learning Environment: Traditional Self-paced Home Other _____

6. Is the student a National Merit Finalist or Semi-Finalist? Yes No

Counselor Comments

7. Do you know of any circumstances that may have negatively impacted this student's academic achievement?

No Yes (please attach a brief explanation) Unable to comment

8. Has this student been dismissed or suspended from your institution? No Yes* Unable to comment

*If yes, please explain. _____

Recommendation Concerning Admission

9. Do you recommend this student to Cedarville without reservation? Yes No

I need to discuss this recommendation by phone.

MORE

Recommender name (please print) _____

Title _____

School name _____

School address _____

Street address

PO Box

City

State

Zip

School Phone (_____) _____ School Fax (_____) _____

E-mail _____ Are you a graduate of CU? Yes No

Signature _____ Date _____

Instructions to High School Counselors

1. Enclose an official transcript which also includes the student's senior year courses, activities, and honors.
2. Enclose the school profile/grading scale.
3. Please remind students to have test scores reported directly to the University by the testing agency.

ACT Code: 3245 SAT Code: 1151

4. If possible, please send all documents together. Documents sent separately will delay the processing of the application.
5. Allow seven to ten days for mail to reach the admissions office. Processing time for transcripts is 3–4 days.
6. Return this completed recommendation with all appropriate documents enclosed to:

Admissions Office
Cedarville University
251 N. Main St.
Cedarville, Ohio 45314
Fax number: 937-766-7575