



Counselor's Recommendation Form

Student's Name: _____
Last First MI

Social Security Number: _____ / _____ / _____ CMS ID # _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Please complete this section below and use the reverse side to write additional comment. After completing this section, please fax this form to 704-536-9828 or mail this form to the following address:

Academic Institute of Central Carolina * Upward Bound Programs*
7506 E. Independence Blvd. Suite 127 * Charlotte, NC 28227

Counselor's Name: _____ Telephone Number: (____) _____

Counselor's Email: _____

School's Name & Address: _____

City: _____ State: _____ Zip Code: _____

Student's Current Quarter GPA Student's Cumulative GPA Student's Earned Credits

On a scale from 1 to 5, with 5 being the strongest response and 1 being the lowest response, please rate the student in the following categories.

	1	2	3	4	5
Student's ability to understand & apply basic concepts	G	G	G	G	G
Student's level of interest in school	G	G	G	G	G
Student's Character/Integrity	G	G	G	G	G



On a scale from 1 to 5, with 5 being the strongest response and 1 being the lowest response, please rate the student in the following categories.

	1	2	3	4	5
Student's behavior in school	G	G	G	G	G
Student's attendance and punctuality	G	G	G	G	G
Student's parental involvement in school	G	G	G	G	G
Student's level of interest in attending college	G	G	G	G	G
Student's potential for success in college	G	G	G	G	G
Your level of support if accepted into the program	G	G	G	G	G
Overall Recommendation	G	G	G	G	G

How long have you known the student? _____

Written Recommendation:

Please take this time to provide comments about this student in order to help us better understand the student's abilities. In addition, please share in what way do you feel Upward Bound may assist this student?

I recommend this applicant to join the Academic Institute of Central Carolina's Upward Bound Program.

Signature: _____ Date: _____