

## SUMMER PRE-COLLEGE PROGRAM RECOMMENDATION FORM

After you have completed the “Student Information” section below, please give this form to a teacher, guidance counselor or another adult (other than a family member) to complete whom you feel knows you best.

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

High School \_\_\_\_\_ Graduation Year 20 \_\_\_\_\_

### RECOMMENDER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Student \_\_\_\_\_ How Long Have You Known This Student? \_\_\_\_\_

### RECOMMENDATION *(To be Completed by Recommender ONLY)*

	N/A	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT (TOP 10%)	OUTSTANDING (TOP 5%)
ACADEMIC ACHIEVEMENT						
CREATIVE THINKING						
RESPECT FOR OTHERS						
DISCIPLINED WORK ETHIC						
MATURITY						
INDEPENDENCE						
COLLEGE-READINESS						

ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_

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PLEASE SUBMIT THIS FORM BY EMAIL OR MAIL TO:

Email: [precollege@adelphi.edu](mailto:precollege@adelphi.edu)

Mail: Adelphi University, Pre-College Programs, Levermore Hall 307B, South Avenue, Garden City, NY 11530