

COUNSELOR/TEACHER RECOMMENDATION

STUDENT: Please complete the information below. Then give this form to your high school counselor/teacher.

FULL NAME

SOCIAL SECURITY NUMBER (OPTIONAL)

MAILING ADDRESS

CITY

STATE

POSTAL/ZIP CODE

Which classes are you currently taking?

FIRST SEMESTER

SECOND SEMESTER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I do waive do not waive my right to future access to this recommendation/evaluation form.

SIGNATURE

DATE

COUNSELOR/TEACHER: Please complete the remainder of this form, sign and date it, and return it to Loyola University Chicago with a copy of the student's official transcript. This will ensure a quick decision for the student.

SCHOOL NAME

SCHOOL ADDRESS

CITY

STATE

POSTAL/ZIP CODE

CEEB CODE

How long have you known this applicant? _____

In what capacity have you known this applicant?



ACADEMIC STANDING

Cumulative GPA is _____ on a _____ point scale.

This applicant ranks _____ in a class of _____.

This rank covers the period of MM/YY to MM/YY and is weighted unweighted.

This covers a period of (check one): 6 SEMESTERS 7 SEMESTERS 8 SEMESTERS

ACADEMIC ABILITY AND MOTIVATION

Academic Ability SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Academic Motivation SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Please describe this applicant's course of study in high school (secondary school):

MOST DEMANDING DEMANDING AVERAGE BELOW AVERAGE

PERSONAL CHARACTERISTICS

Self-confidence SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Emotional Maturity SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Concern for Others SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

Leadership SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

SUMMARY AND RECOMMENDATION

Please explain your ratings or offer comments you think may be useful in evaluating this applicant for admission to Loyola University Chicago. You may attach a separate sheet if necessary.

COUNSELOR/TEACHER NAME

E-MAIL ADDRESS

SCHOOL PHONE NUMBER

COUNSELOR/TEACHER SIGNATURE

DATE

Counselor/Teacher, please return this recommendation, along with a copy of the student's official transcript, to:

Undergraduate Admission Office

6525 North Sheridan Road | Chicago, Illinois 60626-9901
Phone 312.915.6500 or 800.262.2373 | Fax 773.508.3397



Preparing people to lead extraordinary lives