



# University of Central Florida

## Counselor Recommendation Form



Applicant's full name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please assess the personal qualities of this student by checking the appropriate box for each item listed below.

|   |  | below<br>average | average | good (above<br>average) | excellent<br>(top 10%<br>this year) | outstanding<br>(top 5% this<br>year) | exceptional<br>(one of the<br>top few I have<br>encountered in<br>my career) | I have<br>insufficient<br>basis for<br>judgement |
|---|--|------------------|---------|-------------------------|-------------------------------------|--------------------------------------|--|--|
| Academic motivation                       |  |                  |         |                         |                                     |                                      |  |  |
| Academic potential                        |  |                  |         |                         |                                     |                                      |  |  |
| Extracurricular involvement               |  |                  |         |                         |                                     |                                      |  |  |
| Commitment to service                     |  |                  |         |                         |                                     |                                      |  |  |
| Leadership ability                        |  |                  |         |                         |                                     |                                      |  |  |
| Ability to interact with different groups |  |                  |         |                         |                                     |                                      |  |  |
| Respect accorded by faculty               |  |                  |         |                         |                                     |                                      |  |  |
| Respect accorded by peers                 |  |                  |         |                         |                                     |                                      |  |  |
| Independence and initiative               |  |                  |         |                         |                                     |                                      |  |  |
| Character and integrity                   |  |                  |         |                         |                                     |                                      |  |  |
| Sense of responsibility                   |  |                  |         |                         |                                     |                                      |  |  |
| Overall                                   |  |                  |         |                         |                                     |                                      |  |  |

**I recommend this applicant for admission to the University of Central Florida.**

|                                    | Not<br>recommended       | Without<br>enthusiasm    | Moderately               | Strongly                 | Enthusiastically         |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| For academic promise               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For character and personal promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Overall</b>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us anything else you think we might want to know about this student. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
Street City, State, Zip

### Instructions for High School Counselors

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Please submit this completed recommendation form along with a school profile (if available) in a sealed envelope.</li> <li>2. Please have official transcripts sent to the University of Central Florida Office of Undergraduate Admission.</li> <li>3. Please remind students to have test scores reported directly to UCF by the testing agency.</li> </ol> | <ol style="list-style-type: none"> <li>4. Return this completed form to:<br/> <b>Office of Undergraduate Admissions</b><br/> <b>University of Central Florida</b><br/> <b>PO Box 160111</b><br/> <b>Orlando, FL 32816-0111</b></li> </ol> |
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