



Office of Admissions
P.O. Box 1267
Montreat, NC 28757

High School Recommendation Form

Name of Applicant: _____

Address _____ City _____ State _____

I have applied to Montreat College and request that this recommendation be completed and a transcript of my high school work be sent to Montreat College.

Applicant Signature _____

Date _____

To be completed by the Guidance Counselor:

** Your responses will be treated in a strictly professional manner. This information will be used only in assisting in the admissions decision. Since this information will not be a part of the student's permanent file, it will not be affected by the Family Education Rights and Privacy Act of 1974 that gives the student access to the information on request.*

1. In your estimation, will the applicant be successful academically?

Yes Probably No

2. In your estimation, will the applicant be successful socially?

Yes Probably No

3. Does the applicant have any disabilities that Montreat College officials should know about in order to of assistance following enrollment? Yes No If yes, please explain:

4. Do you know any reason to question the applicant's honesty or integrity? Yes No
If yes, please explain: _____

5. Applicant's rank in class: Based on _____ semester quarters

Ranked _____ in a class of _____

Applicant's GPA _____ Exactly Approximately

6. Please provide the lowest numerical equivalent of the following grades: A ___ B ___ C ___ D ___

7. Would you recommend that the applicant be admitted to Montreat College?

Recommend Recommend with reservation Do not recommend

Other comments: _____

Signature _____ Date _____

Name (please print) _____ Institution _____

Institution Address _____

Please return this form to the Office of Admissions with an official transcript. Thank you.