



**University of Massachusetts Amherst**  
 Undergraduate Admissions Office  
 37 Mather Drive, Amherst, MA 01003-9291

## High School Counselor Recommendation Form

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

High School: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please rate the applicant in each category by checking the most appropriate boxes.*

Category	Below Average	Average	Good	Very Good	Outstanding	One of the best in my career	No basis for judgment
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below for any summary appraisal or observations you feel you should be made on behalf of this student's candidacy. The Board of Admissions is particularly interested in unusual circumstances or events that may bear on this applicant's admission and that may not be included in other documentation. In particular, please address outstanding accomplishments or serious inconsistencies that the Board of Admissions should be aware of in its review of this application. You may attach additional sheets if necessary. (Duplicated reports are acceptable.)

How strongly do you recommend this student for admission?

Enthusiastically     Strongly     Fairly Strongly     Without Enthusiasm     Do not recommend

Counselor Name \_\_\_\_\_ Position \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

College Board CEEB Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_