Teacher/Counselor Recommendation

All freshman applicants are required to submit only one Teacher/Counselor Recommendation.

Candidate’s name:
☐ Mr.  ☐ Ms.  Date of Birth

Last                First                M.I.                Apt
Street address
City        State        Zip Code        County
Phone (____)           E-mail
☐ Check here if you have applied for admission through the Educational Opportunity Program (EOP).

TO THE TEACHER/COUNSELOR: The person named above is applying to Morrisville State College. The Admissions Committee needs a candid recommendation as it chooses among highly qualified candidates. Please state your thoughts about the candidate’s academic and personal qualifications on the other side of this form or attached sheet. Your recommendation will remain confidential. The Admissions Committee does not provide access to application material to the candidate or to his/her family. This form will not become part of the student’s permanent file should the candidate enroll. Thank you for your assistance.

Teacher/Counselor name (please print)                      Title
Name of school
Street address
City        State        Zip code

RATINGS
Compared to other college-bound students in the same class, how do you rate this student?

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<thead>
<tr>
<th></th>
<th>No Basis to Judge</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent Top 10 %</th>
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<tbody>
<tr>
<td>Intellectual curiosity</td>
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<td>Creativity</td>
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<td>Expression of ideas (oral and written)</td>
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<td>Academic achievement</td>
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<td>Leadership</td>
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<td>Participation in activities</td>
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<td>Adjustment to new situations</td>
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<td>Work consistent with ability</td>
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<td>Study habits</td>
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<td>Initiative/follow-through</td>
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BACKGROUND INFORMATION
How long have you known the candidate and in what context?
________________________________________________________________________________________

What are the first words that come to mind as you describe the candidate?
________________________________________________________________________________________

If you are a teacher, please list the course(s) you have taught this candidate, noting for each course his or her year in school (10th, 11th, 12th grade) and the level of rigor of the course (AP, accelerated, honors, etc.).
________________________________________________________________________________________
________________________________________________________________________________________

RECOMMENDATION
Please write an assessment of the candidate’s intellectual promise and personal characteristics. We are particularly interested in the candidate’s potential to be successful at Morrisville State College and any unique accomplishments or life experiences that separate this student from classmates. If needed, you may attach any additional information.
________________________________________________________________________________________
________________________________________________________________________________________

Signature ______________________________________________ Date______________________________

Please be sure to sign and date this form.
Did you check all applicable boxes and answer all questions?

Please retain a copy of this form and all attachments for your records.

Return required form to:
Office of Admissions
Morrisville State College, PO Box 901, Morrisville, New York 13408-0901
Phone: 315-684-6046, Fax: 315-684-6427, admissions@morrisville.edu