

HIGH SCHOOL RECOMMENDATION

3400 Gulf-to-Bay Boulevard
 Clearwater, Florida 33759-4595
 Admissions toll free: 1-800-348-4463
 E-mail: Admissions@clearwater.edu
 FAX: 727-726-8597

RECOMMENDATION
 CLEARWATER CHRISTIAN COLLEGE

SECTION ONE To Be Completed by the Applicant

Complete Section 1, and give this form to your guidance counselor or principal in your school to complete Section 2. Reference should not be related to the applicant.

Name _____ City _____ State _____

I, the undersigned, voluntarily waive any right to inspect the contents of this recommendation.

Signature _____ Date _____

SECTION TWO To Be Completed by the High School Reference

Please provide responses to the questions given below. Completed forms may be mailed or faxed to the Office of Enrollment Services.

- In what capacity do you know the applicant? _____
- Please check the statement that best describes the student's interaction with you and other faculty members outside of the classroom.
 - Enthusiastically initiates discussions and interaction
 - Willingly participates in discussion and interaction Seldom initiates discussion and interaction
- In a word, what do you believe to be the applicant's greatest strength? _____
- In a word, what do you believe to be the applicant's greatest weakness? _____
- Evaluate the applicant by checking the appropriate rating for the criteria given.

Criteria	Excellent	Good	Average	Below Average	No Evaluation
Attitude toward authority					
College readiness					
Cooperation					
Emotional stability					
Integrity					
Intellectual ability					
Leadership					
Motivation					
Peer acceptance					
Reputation					
Response to counsel					
Self-discipline					
Social maturity					
Task completion					

- On the back of this form, please list any circumstances of which Clearwater Christian College should be aware before deciding on the applicant's admission.
- RECOMMENDATION: Highly recommend Recommend Recommend with reservation
 Prefer not to recommend I need to discuss this recommendation by telephone.

Name (please print) _____ High School _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Signature _____ Date _____