

secondary school report and guidance counselor recommendation form

SUBMIT TO: SIMMONS COLLEGE OFFICE OF UNDERGRADUATE ADMISSION 300 THE FENWAY BOSTON, MA 02115-5898
TEL: 617-521-2051 800-345-8468 FAX: 617-521-3190 EMAIL: UGADM@SIMMONS.EDU WEBSITE: WWW.SIMMONS.EDU

TO BE COMPLETED BY APPLICANT

Applicant Information

Applicant: After filling in your name and address below, please have your guidance or college counselor complete the remainder of the form and mail directly to the Simmons College Office of Undergraduate Admission.

Name _____
last first middle

Home address _____
street apt. or p.o. box number

_____ city state zip

Home telephone _____ Cell phone number _____

Email _____ Date of birth _____
month day year

School name _____

Under the provisions of the Family Educational Rights and Privacy Act,

- I waive my right of access to this recommendation.
 I retain my right of access to this recommendation.

_____ signature _____ date

TO BE COMPLETED BY A GUIDANCE OR COLLEGE COUNSELOR

After filling in the information below, use this form to describe the applicant. Please send an official transcript, a school profile, and a transcript legend. Please note: Simmons College requires the SAT with writing or the ACT. If English is not the student's native language, the student must also take the TOEFL, IELTS, or comparable test. Please include these test scores with the school records whenever possible.

The Admission Committee finds candid evaluations helpful in assessing an applicant's potential for success at Simmons. Thank you for your help.

Counselor's name _____

Counselor's title _____

Complete school name _____ CEEB code number _____

School address _____
street city state zip

Telephone _____ Cell phone number _____

Email address _____ Fax number _____

Check one:

- The application is enclosed.
 The application will be submitted under separate cover by the student.

Early Action Deadline: December 1

Regular Decision Deadline: February 1

ACADEMIC RECORD

This applicant's cumulative grade point average is _____ on a _____ scale for _____ semesters.

Of this applicant's graduating class _____ % plan to attend a four-year college.

This applicant ranks _____ in a class of _____ students. The rank covers a period from _____ to _____.

The rank is weighted unweighted This school does not rank.

How long have you known the applicant? _____

In what context have you known the applicant? _____

What are the first words that come to your mind when describing this applicant? _____

RATINGS

Compared to other students in your school who are applying to selective colleges, how does the applicant rate in terms of academic skills and potential? Please mark the appropriate boxes below:

	below average (lowest 40%)	average (middle 20%)	good (next 20%)	very good (top 20%)	excellent (top 10%)	outstanding (highest 1%)
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WRITTEN RECOMMENDATION

Please feel free to attach additional information you would like the admission committee to know about this student. Include a description of academic and personal characteristics. We are particularly interested in the applicant's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will help us to differentiate this student from others you have known.

OPTIONAL SECTION

I recommend this student with reservation fairly strongly strongly very strongly

SIGNATURE

Submitted by

signature

date