

Secondary School Counselor Recommendation

To the Applicant

Please complete the brief section below before giving this form to your secondary school counselor or college advisor.

Name of Applicant: _____
Last/Family First Middle (Complete) Jr., etc. Gender

Permanent Home Address: _____
Number and Street City or Town State/Province Zip/Postal Code Country

Application Type:

- Early Decision (November 1)
 Early Action (December 1)
 Regular Decision Brown Scholar and Dixon Scholar Consideration (January 15)
 Regular Decision (February 1)

Current year courses — please indicate title, level (AP, IB, advanced, honors, etc.) and credit value of all courses you are taking this year.

First Semester / Trimester:	Second Semester / Trimester:	Third Trimester:

Privacy Notice: The materials submitted in this report are subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). This document will not become part of the applicant's permanent file. Southwestern University does not save recommendations post-matriculation.

I authorize the release of all requested records and authorize review of this recommendation for the application type listed above.

Applicant's Signature: _____ **Date:** _____

To the Secondary School Counselor

Privacy Notice: The materials submitted in this report are subject to the provisions of the Family Educational Rights and Privacy Act of 1974. Your recommendation will be used only for admission purposes and will not become part of the student's permanent record.

Please use this form to describe the applicant. Feel free to send a letter or photocopied statement with this form if you wish to provide additional information. An official copy of the applicant's transcript should be included indicating class rank or grade point average, courses completed, courses in progress, course designations (AP, IB, Dual Credit, Honors) and record of testing to date. Include, if available, a school profile and transcript legend. **Please return this form with an official transcript as soon as possible to: Office of Admission, Southwestern University, P.O. Box 770, Georgetown, TX 78627-0770 (fax number: 512-863-9601).** We thank you for your time and effort in preparing this candidate's recommendation.

Name of Counselor or Advisor: _____

Title: _____ School: _____
Official Name

School Address: _____
Number and Street City or Town State/Province Zip/Postal Code Country

Office Telephone: () _____ Office Fax: () _____
Area/Country Code and Number Area/Country Code and Number

E-mail Address: _____

Counselor's Signature: _____ **Date:** _____

