



# OKLAHOMA CITY UNIVERSITY

## High School Counselor Recommendation Form

**Instructions:** Students should complete Section I and submit the form to their school counselor. Counselors should complete Sections II and III and forward the report form along with the admission application

### SECTION I (to be completed by student)

Student Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

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

I am applying for:  Early Decision  Early Action  Regular Decision  Other \_\_\_\_\_

I recognize the confidential nature of this document and I  do  don't waive my right to access.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION II (to be completed by school counselor—include information only if it is not included in other student documents)

High School \_\_\_\_\_ High School CEEB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Title \_\_\_\_\_

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

Percentage of class attending: Four-Year \_\_\_\_\_ Two Year \_\_\_\_\_ institutions.

Grading scale  4.0  100  Other Passing Grade is \_\_\_\_\_

Student's GPA Unweighted \_\_\_\_\_

GPA includes (check all that apply): 9th Grade 10th Grade 11th Grade 12th Grade

Student rank \_\_\_\_\_ in a class of \_\_\_\_\_ as of: 9th Grade 10th Grade 11th Grade 12th Grade

We do not rank.

Is the student's course selection:  Most Demanding  Very Demanding  Demanding  Average  Below Average

### SENIOR YEAR COURSES:

#### First Term:

Course	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

#### Second Term:

Course	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION III** *(to be completed by school counselor)*

Please comment on the following items which reference the student's ability and character. Attach additional pages if more space is needed.  
*(A recommendation letter may replace Section III.)*

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student's ability?  Yes  No  
If not, please describe the circumstances.

Counselor Statement:

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Thank you.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_



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