

# BELMONT UNIVERSITY

## School Counselor Recommendation Form *\*freshman applicants only*

**This section to be completed by the applicant.**

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby  **waive**  **do not waive** my right of access to this document should I matriculate at Belmont University.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To the applicant:** This form should be given to your high school counselor. (Home-schooled students, please see page 11.)  
Transfer applicants are not required to submit the School Counselor Recommendation Form.

**To the person completing this form:** The above student has applied for admission to Belmont University. We appreciate your providing the information requested below. Please attach a high school profile, if available.

Cumulative grade point average on a 4.0 scale: \_\_\_\_\_ weighted \_\_\_\_\_ unweighted.

Class Rank \_\_\_\_\_ of \_\_\_\_\_ . If class rank is not available, please place student in proper decile.  
student rank total class

Top \_\_\_\_\_ (10th, 20th, 30th).

How rigorous has this student's academic program been relative to the opportunities available within your school?

- Most demanding
- Very demanding
- Demanding
- Average
- Below average

Of the applicant's class, approximately \_\_\_\_\_ % plan to attend college; \_\_\_\_\_ % a four-year college.

School's official grading scale: A = \_\_\_\_\_ to \_\_\_\_\_

B = \_\_\_\_\_ to \_\_\_\_\_

C = \_\_\_\_\_ to \_\_\_\_\_

D = \_\_\_\_\_ to \_\_\_\_\_

F = \_\_\_\_\_ to \_\_\_\_\_

*If High School is located outside the United States, please provide grade conversion to the U.S. 4.0 scale.*

How many AP/Honors/IB/Dual Enrollment does your school offer? \_\_\_\_\_

**Belmont University asks for an evaluation of the candidate's academic motivation and promise, as well as any comments you would like to make about his or her character and personality. Please address specifically the student's potential for academic success at Belmont University. Use the space below or an additional sheet if needed.**

Are there any special circumstances in the student's background or home life that would help us better evaluate the applicant?

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What can you tell us about the student's personal qualities?

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Has this student been involved in any disciplinary matters at school?

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Please comment about the student's potential to perform college-level work.

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Please check the chart below to compare the student with his or her secondary school class.

	<i>below average</i>	<i>average</i>	<i>good (above average)</i>	<i>excellent (top 10%)</i>	<i>outstanding (top 5%)</i>	<i>top few encountered in my career</i>
Academic self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of faculty/peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments: \_\_\_\_\_

If you would like to discuss this candidate further, please contact the Admissions staff at 615.460.6785.

**Please return this form to the Office of Admissions, Belmont University, 1900 Belmont Blvd., Nashville, TN 37212.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (type or print) Position School / Organization

\_\_\_\_\_  
City State Zip Telephone

\_\_\_\_\_  
Email address