

Transcript Request and School Counselor Recommendation Form for High School Students

To the Applicant: After filling in the information below, give this form to your high school counselor. Please provide the counselor with a stamped envelope addressed to Rider University, Office of Undergraduate Admission, 2083 Lawrenceville Road, Lawrenceville, NJ, USA 08648-3099. Please print or type.

Student name	S	Social Security Number		
Last	First	Middle Initial	Ş	
Address				
City	State/Province	Zip code	County	Country
Home Telephone		E-mail		
	selor: Please attach the applipt legend. (Please check tra			s in progress. Include, if available
Counselor's name				
Position				
10311011				
School name				
School address				
Office phone		E-mail		
High School SAT/ACT Code				
HIGH SCHOOL SAT/ACT Code				
How long have you known this	student, and in what capacity?_			
Student's class rank is i	n a class of This rank is	□ weighted □	not weighted. How	many students share this rank?
Student's G.P.A. or average is _	on a	scale. This G.P.A.	is weighted [not weighted
Percentage of student's graduat	ing class planning to attend a fo	our-year college		
How does this student compare	with others in his or her class?	(Check the single mo	ost appropriate answ	ver.)

Course selection: Most demanding Very demanding Demanding Average Less than demanding
Academic achievement: Outstanding Excellent Good (above average) Average Below average
Personal qualities and character: Outstanding Excellent Good (above average) Average Below average
Extracurricular accomplishments: Outstanding Excellent Good (above average) Average Below average
Creativity: ☐ Outstanding ☐ Excellent ☐ Good (above average) ☐ Average ☐ Below average
Please use the following area to describe this student's academic and personal strengths and weaknesses, as you are aware of them. You may also note the student's special interests or talents, explain unusual circumstances, or present other background information that would help us to get to know this applicant. Attach a separate sheet to this form, if necessary. Please print carefully for legibility.
I recommend this student: Enthusiastically Strongly Fairly strongly With reservation
☐ I would like to discuss this recommendation with an admission counselor.
Signature Date

Confidentiality: We value your comments highly and ask that you complete this form with the knowledge that it may be retained in the student's file should the applicant matriculate at Rider University. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do not have access to their permanent files, which may include forms such as this one. Colleges do not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. Thank you again for your cooperation.

Please return the completed form to Rider University, Office of Undergraduate Admission, 2083 Lawrenceville Road, Lawrenceville, NJ, USA 08648-3099.