

LYCOMING COLLEGE

COUNSELOR RECOMMENDATION AND REQUEST FOR TRANSCRIPTS

Recommenders may attach a personalized letter in place of this form.

**Admissions House
Lycoming College
Williamsport, PA 17701**

Toll Free (800) 345-3920 • (570) 321-4026

Fax # (570) 321-4317

E-mail: admissions@lycoming.edu

<http://www.lycoming.edu>

STUDENT: Please fill in this section and give to your College Counselor.

Name _____
First Middle Last SS#

Address _____
Number & Street City State Zip

Student Signature _____

COUNSELOR:

Counselor Name _____

School _____ Phone () _____

Address _____
Number & Street City State Zip

	No Basis	Below Average	Average	Above Average
Quality of class load				
Motivation				
Initiative				
Intellectual ability				
Academic achievement				
Written expression of ideas				
Effective class discussion				
Disciplined work habits				

Compared with other college-bound students whom you know, indicate how you rate this student in academic skill and potential (Check one for each category):

Quality of class load
Motivation
Initiative
Intellectual ability
Academic achievement
Written expression of ideas
Effective class discussion
Disciplined work habits

ADDITIONAL COMMENTS:

Counselor Signature _____

Please return this form with a school profile, standardized test information and the latest available transcript.

Thanks!