

# 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](mailto: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!*