
PSEO High School Counselor Letter of Recommendation and Transcript Request

To the Applicant:

The Family Right and Privacy Act of 1974 provides that certain educational records may be open to the students at their request. The Act also provides that in the case of recommendations, the institution may request, but not require, the student to waive his/her rights to read this confidential recommendation. Please complete and sign section 1 indicating you will or will not waive your right to read the confidential recommendation on this form.

To the Guidance Office of the Student:

The student named above has applied for admission to Concordia University, St. Paul. Please complete this form and send it with an official copy of the student's high school transcript to:

Concordia University, St. Paul Office of Admission

275 Syndicate Street North
Saint Paul, MN 55104

651-641-8230 800-333-4705
admission@csp.edu
www.csp.edu

SECTION 1 To be completed by Student

Please type or print in black or blue ink. ALL information is necessary to complete your file.

Student's Name _____

Home Address _____
NUMBER, STREET APT. #

CITY, STATE, ZIP

I do _____ I do not _____ waive my right to read this confidential recommendation.

Signature _____

SECTION 2 To be completed by Guidance Counselor

Please use back of sheet if additional space is needed.

1. How long have you known the applicant? _____

2. Applicant's Cumulative Grade Point Average: _____ Cumulative Rank: _____ in a class of _____

3. What is your assessment of the student's academic readiness for college level studies? _____

4. What, if any, special support services might be helpful to the student? _____

5. What is your assessment of the applicant's civic engagement, such as in community activities or school organizations? _____

6. What is your assessment of the applicant's social/behavioral skills, such as ability to cope with stress, ability to get along with others, etc.? _____

Signature _____ Date _____

Position _____ Address _____



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