

# COUNSELOR/TEACHER RECOMMENDATION

**STUDENT:** Please complete the information below. Then give this form to your high school counselor/teacher.

FULL NAME	APPLICATION REFERENCE NUMBER	DATE OF BIRTH	
MAILING ADDRESS	CITY	STATE	POSTAL/ZIP CODE

Which classes are you currently taking?

FIRST SEMESTER	SECOND SEMESTER
_____	_____
_____	_____
_____	_____
_____	_____

I  do waive  do not waive my right to future access to this recommendation/evaluation form.

SIGNATURE	DATE
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**COUNSELOR/TEACHER:** Please complete the remainder of this form, sign and date it, and return it to Loyola University Chicago with a copy of the student's official transcript. This will ensure a quick decision for the student.

SCHOOL NAME	SCHOOL ADDRESS		
CITY	STATE	POSTAL/ZIP CODE	CEEB CODE

How long have you known this applicant? \_\_\_\_\_

In what capacity have you known this applicant?  
\_\_\_\_\_

COUNSELOR/TEACHER NAME
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E-MAIL ADDRESS	SCHOOL PHONE NUMBER
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COUNSELOR/TEACHER SIGNATURE	DATE
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