

WISCONSIN LUTHERAN COLLEGE

TO THE APPLICANT

We require an academic profile from your guidance office. Please fill in your name below. By signing below you waive the right to review this form after it has been completed. The recommendation portion of this evaluation can be completed by a guidance counselor, teacher, coach or other full-time high school official.

COUNSELOR EVALUATION

Applicant Name _____
Last First Middle Initial

I waive my right to review the comments below and realize that the information will be treated in strict confidence.

Signature of Student

ACADEMIC PROFILE *Must be completed by the Guidance Office*

Class rank of candidate: _____ out of _____ through _____ semester (six or more).

Cumulative grade point average of _____ based on a _____ point scale* for _____ semesters.

*If GPA is not based on a 4.0 point scale, please convert.

RECOMMENDATION

How long have you known the student and in what context? _____

Completion of this section is optional. You may wish to complete all, part or none of it.
In making the following ratings, please check the most appropriate box.

	<i>Below average</i>	<i>Average</i>	<i>Good (above average)</i>	<i>Excellent (top 10% this year)</i>	<i>Outstanding (top 2% this year)</i>	<i>No basis for judgement</i>
1. Academic abilities						
2. Academic motivation						
3. Leadership						
4. Potential for growth						
5. Emotional maturity						
6. Demonstrated responsibility						

ADDITIONAL COMMENTS

Please comment about any particular qualities you have noted regarding this student that would help us assess his/her potential for success.

THANK YOU *for completing this evaluation. Your candid and objective appraisal is essential to the admission process.*

Signature _____ Position _____

Name (print) _____ Phone (_____) _____

School _____ Date _____

Please remember to send the student's transcript along with this evaluation. Thank you.

Mail to: Wisconsin Lutheran College, Office of Admissions, 8800 W. Bluemound Rd., Milwaukee, WI 53226