

Office of Undergraduate Admissions  
1220 Student Activities Building  
515 East Jefferson Street  
Ann Arbor, MI 48109-1316  
734.764.7433  
fax 734.936.0740  
www.admissions.umich.edu

## STEP 7: Obtain your counselor recommendation

### COUNSELOR RECOMMENDATION

**Instructions for the student**—Complete **PART 1**, and submit this form to your guidance counselor or principal to complete the remaining sections. Provide the counselor with a stamped envelope addressed to: Office of Undergraduate Admissions, 1220 Student Activities Building, 515 East Jefferson St., Ann Arbor, MI 48109-1316. The counselor may either return the recommendation to you in the sealed envelope, or mail it in to us separately.

**PART 1** To be filled out by the student

Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
last first middle

U-M ID number (if known): \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_  
month/day/year

High school name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

University of Michigan school or college you are applying to: \_\_\_\_\_

**Instructions for the counselor**—Complete **PARTS 2, 3, and 4**. After completion, sign and return with this student's high school transcript, copy of his/her senior schedule, and a high school profile (if available). You may fill out the recommendation form and/or include a separate letter of recommendation.

**PART 2** To be filled out by the counselor

**CLASS RANK AND GPA**

This student's graduation date: \_\_\_\_\_  
month/year

This student ranks \_\_\_\_\_ in a class of \_\_\_\_\_  
 We do not rank.

If precise rank is unavailable, indicate decile or percentile rank from the top \_\_\_\_\_

How many other students share this rank? \_\_\_\_\_

How many rank above this student? \_\_\_\_\_

What is this student's GPA? weighted: \_\_\_\_ / \_\_\_\_  
unweighted: \_\_\_\_ / \_\_\_\_

What is the highest GPA in the class? \_\_\_\_ / \_\_\_\_

Rank and GPA cover a period from \_\_\_\_\_  
month/year  
to \_\_\_\_\_  
month/year

How rigorous has this student's academic program been, within the context of opportunities available at your school?

<b>outstanding in all areas</b>	rigorous in some areas (comment below)	<b>above average in all areas</b>	above average in some areas (comment below)	<b>average in all areas</b>	average in some areas (comment below)	<b>below average</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain your grading scale: \_\_\_\_\_

\_\_\_\_\_

**CHARACTER AND PERSONALITY**

Please assess the personal qualities of this student by checking the most appropriate box for each item listed below.

	insufficient basis for judgement	exceptional (one of the top few ever encountered)	outstanding (top 5% this year)	excellent (top 10% this year)	good (above average)	average	below average
Academic motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact w/different groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive impact on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Do you know of any socio-economic, personal, or educational circumstance that may have affected this student's academic achievement, either positively or negatively?  Yes  No

Please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 3** To be filled out by the counselor

**HIGH SCHOOL INFORMATION**

*If more than one student from your high school is applying to the University of Michigan, please feel free to copy this side of the form so that you don't have to rewrite the high school information for each student. Only the information in Parts 1 and 2 will vary by student.*

High school name: \_\_\_\_\_

Public     Private

School website: \_\_\_\_\_

Accredited by: \_\_\_\_\_

ACT/SAT H.S. code: \_\_\_\_\_

Grade required for passing: \_\_\_\_\_

Does your school use a block schedule?

Yes     No

If yes, what type? \_\_\_\_\_

How does your high school designate the following courses on your transcript?

Advanced Placement: \_\_\_\_\_

International Baccalaureate: \_\_\_\_\_

Honors: \_\_\_\_\_

Total number of courses offered:

Advanced Placement: \_\_\_\_\_

International Baccalaureate: \_\_\_\_\_

Number of honors courses offered (other than AP/IB Courses): \_\_\_\_\_

Last year's school average ACT score: Composite: \_\_\_\_\_

Last year's school average SAT score:

Critical Reading: \_\_\_\_\_ Math: \_\_\_\_\_

Writing: \_\_\_\_\_ Total: \_\_\_\_\_

Of this student's graduating class approximately \_\_\_\_\_ % plan to attend a four-year college

\_\_\_\_\_ % plan to attend a two-year college

**PART 4** To be filled out by the counselor

**COUNSELOR INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Full School Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your high school profile, if available.