

LAKE ERIE COLLEGE

NEW STUDENT ACADEMIC RECOMMENDATION FORM
To be completed by Guidance Counselor or High School Teacher

Applicant's Full Name _____

High School Name _____

Please Rate the Applicant

	Below Average	Average (top 50%)	Above Average (top 25%)	Outstanding (top 10%)	One of the best in my Teaching Career
Academic Ability	_____	_____	_____	_____	_____
Academic Motivation	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Ability to work Independently	_____	_____	_____	_____	_____
How long have you known this student?					

Additional Comments:

Please use the space below to provide a **descriptive written assessment** of the applicant's preparation, motivation, independence, maturity, and readiness to undertake college course work.

Do you recommend this student to be admitted to Lake Erie College?

Yes

No

With Reservations (**Please Explain** on back)

Signature _____ Date _____

Name (please print) _____ Job Title _____

Please return immediately to:
Lake Erie College | Office of Admissions Box 345 | 391 W. Washington Street | Painesville, OH 44077
T: 440.375.7050 or 800.916.0904 | F: 440.375.7005 | E: admissions@lec.edu | W: www.lec.edu