



URSULINE ACADEMY SCHOOL RECOMMENDATION

(This section to be completed by the applicant.)

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(This section to be completed by school counselor or teacher.)

This student named above, having applied to Ursuline Academy, is required to have this form on file before the admission can be considered. Your prompt attention will be appreciated. If this form is not adequate for your remarks, please feel free to provide your appraisal in any form you choose.

How long have you known the applicant? _____ In what context? _____

Please evaluate the applicant by checking the most appropriate heading.

	Below Average	Average	Above Average	Excellent <small>(top 15% this year)</small>	Outstanding <small>(top 5% this year)</small>
Conduct					
Concern for Others					
Relationships with Peers					
Emotional Maturity					
Self-Confidence					
Honesty					
Academic Motivation					
Ability to Work in a Group					
Ability to Work Independently					
Academic Creativity					
Academic Self-Discipline					
Growth Potential					

Please comment on special strengths and weaknesses and level of maturity.

Please list any significant limitations (physical, social, mental) the applicant may have.

What special encouragement, guidance, or supervision would you suggest?

I recommend this student for admission:

Academic Achievement

- Enthusiastically
- Confidently
- With reservation
- Do not recommend

Character and Personal Qualities

- Enthusiastically
- Confidently
- With reservation
- Do not recommend

Please return this form to the Office of Admission, Ursuline Academy, 341 South Sappington Road, St. Louis, MO 63122-6397

Signed _____ Date _____

Please print name: _____ Position: _____

Office Telephone Number _____