

Complete this form and mail or fax to:

SUNY Morrisville
Admissions Office
P.O. Box 901
Morrisville, NY 13408
PHONE: 315-684-6046
FAX: 315-684-6427



Teacher/Counselor Recommendation

All freshman applicants are required to submit only on Teacher/Counselor Recommendation.

Candidate's name:

Mr./Ms. _____ Date of Birth _____
Select Last First M.I. _____
Street Address _____ Apt _____
City _____ State _____ Zip Code _____
Phone (____) _____ Email _____

TO THE TEACHER/COUNSELOR: *The person named above is applying to SUNY Morrisville. The Admissions Committee needs a candid recommendation as it chooses among highly qualified candidates. Your recommendation will remain confidential. The Admissions Committee does not provide access to application material to the candidate or to his/her family. This form will not become part of the student's permanent file should the candidate enroll. Thank you for your assistance.*

Teacher/Counselor name _____ Title _____
Name of School _____
Street Address _____
City _____ State _____ Zip Code _____

RATINGS

Compared to other college-bound students in the same class, how do you rate this student?

	No Basis to Judge	Below Average	Average	Good	Very Good	Excellent (Top 10%)
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expression of Ideas (Oral and Written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustment to New Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Consistent with Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Follow-Through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BACKGROUND INFORMATION

How long have you known the candidate? _____

RECOMMENDATION

Please write an assessment of the candidate's intellectual promise and personal characteristics. We are particularly interested in the candidate's potential to be successful at SUNY Morrisville and any unique accomplishments or life experiences that separate this student from classmates. If you are teacher, please share with us the course(s) you have taught the candidate, and their level. If needed, you may attach any additional information.

Signature _____ *Date* _____

Please be sure to sign and date this form.

Did you check all applicable boxes and answer all questions?

Please retain a copy of this form and all attachments for your records.

Return required form to:

Office of Admissions, SUNY Morrisville, PO Box 901, Morrisville, New York 13408-0901

Phone: 315-684-6046, Fax: 315-684-6427, admissions@morrisville.edu

STATE UNIVERSITY OF NEW YORK - COLLEGE OF AGRICULTURE AND TECHNOLOGY

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