

UPWARD BOUND PROGRAMS
(Classic & Math and Science)

Due Date: Feb. 28th

Counselor Recommendation Form

The student listed below is applying to join the Upward Bound Programs at Marquette University (MUUB). We seek recommendations from a guidance counselor at the school the student attends to ensure that we are admitting the best students to our program. The questions on this recommendation will help us assess the student's willingness and ability to attend all services offered as well as to learn more about their academic ability. We appreciate your honest and candid answers to all questions, and all information on this form will be held in confidence.

Please email recommendation form to ub@marquette.edu or mail to: Marquette University EOP Pre-College Division P.O. 1881, Milwaukee, WI 53201.

If you have any questions, please contact our office using the contact information listed in the header of this form.

General Information

Student Name: _____ School: _____

Please check if the student completed the following courses by the end of 10th grade: Pre-Algebra Algebra Geometry

***Please attach most recent standardize test scores to form.**

Student achieved a GPA of 2.5 or higher for the most recent school year? Yes No

Does the student have an IEP? Yes No
If yes, please attach a copy.

Recommendation

Would you recommend admitting this student to Upward Bound? Yes No

Explanation of your recommendation: _____

Please rate the student on each of the following:

	Excellent	Good	Fair	Poor
Academic performance				
Motivation				
Maturity				
Dependability and reliability				
Problem solving skills				
Attendance				
Ability to live away from home				

Is this student interested in attaining a 4-year college/university degree? Yes No Unsure

Do you feel this student has the ability/potential to do college level work? Yes No Unsure

Do you feel this student would attend? Yes No Unsure

College Tours Yes No Unsure

Tutoring; Saturday UB Classes Yes No Unsure

UB Summer Programming Yes No Unsure

Additional comments: _____

Counselor Signature _____ Date _____