



SAINT LOUIS UNIVERSITY
Visiting Young Scholars Program

1818 Advanced College Credit Program
One Grand Blvd.
DuBourg Hall Room 17
St. Louis, MO 63108
Phone: 314-977-3142
Fax: 314-977-7160
1818admin@slu.edu
http://1818.slu.edu

Recommendation Form

**SAINT LOUIS
UNIVERSITY**

_____ This section of the form is to be completed by the applicant.

Full Legal Name: _____
(Last) (First) (Middle)

Home Address: _____ Social Security #: _____

City/State: _____ Zip: _____ Year in High School: Junior Senior

High School/Home School: _____

The section below should be completed by a **school administrator, guidance counselor, or teacher**. Home schooled students may be recommended by a coach, activities supervisor, or designated mentor who is not a parent. This recommendation should be submitted by the applicant in a sealed envelope with the respondent's signature across the seal.

1. How would you rate the applicant's academic ability in comparison with a representative group of students?

Outstanding Very Good Good Average Below Average

2. How would you rate the applicant's level of personal responsibility in such areas as meeting assignment dates, complying with deadlines, and utilizing available resources (e.g. library, computer lab, support services, etc)?

Outstanding Very Good Good Average Below Average

3. How would you rate the applicant's level of independence in such areas as exercising personal initiative, taking academic risks, taking responsibility for mistakes, seeking appropriate assistance in challenging situations?

Outstanding Very Good Good Average Below Average

Respondent's Name: _____
(Please Print)

Position/Title: _____

Respondent's Signature: _____ Date: _____