

University of Dayton

Counselor Recommendation Form

Please attach the following:

- A list of senior-year grades or courses for which this student is registered
- A transcript of the student's grade record
- Results of the ACT or SAT (critical reading and math)

Mail to: Office of Admission
University of Dayton
300 College Park
Dayton, OH 45469-1669

Student's last name First name Middle name

Counselor/Principal name Official title

Counselor/Principal signature Date

School name Address CEEB code Telephone

Student's GPA: _____ on a _____ scale

Student's exact rank in class at the end of six semesters: _____
Number in a class of

SAT Date: _____ Critical Reading: _____ Math: _____ Writing: _____

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ACT* Date: _____ Composite Score: _____

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* The University of Dayton does not require the writing section of the ACT.

Would you recommend this student as having the aptitude and academic record appropriate to baccalaureate studies at the University of Dayton in the program desired?

Highly recommended Recommended with reservation Unable to judge at this time
 Recommended Not recommended Prefer not to respond

If there are any circumstances which would make the student's class rank and test scores an unrealistic appraisal of his or her potential, please explain.

Comments: Please feel free to include additional comments on a separate sheet of paper.
