



**LOYOLA
UNIVERSITY
NEW ORLEANS**

COUNSELOR/ TEACHER EVALUATION

To the student: Please fill out the form above the dotted line and then submit it to your counselor or teacher for completion.

Applicant's Name _____ Social Security Number _____

Applicant's Address _____
Number/Street City State Zip Code

Applicant's Phone Number (_____) _____ Date _____

I/we hereby waive all access to the information stated below:

Signature of Applicant _____ Signature of Parent/Guardian _____
(required for students under 18)

To the recommender: Complete this form and return it or submit the common recommendation form or a separate letter of recommendation to:
Loyola University New Orleans, Office of Admissions, Campus Box 18, 6363 St. Charles Avenue, New Orleans, LA 70118

STATEMENT OF CONFIDENTIALITY

Thank you for agreeing to submit an evaluation of one of your students. Please complete this form in its entirety. If you have additional comments, you may write a candid assessment of the student's demonstrated academic abilities and potential for success in a competitive academic environment. This form is confidential and will be destroyed before the student enrolls. If you wish to discuss any part of this recommendation form, please feel free to contact the Office of Admissions. You may call us at (504) 865-3240 or toll free at 1-800-4-LOYOLA.

Deadlines: Please file this report before the **December 1** scholarship deadline if your student is a scholarship candidate.

Recommender's Name _____

Position _____ School _____

School Address _____ CEEB Code _____

Office Telephone (_____) _____ How long have you known the applicant? _____

Guidance Counselor's Name _____ E-mail Address _____ @ _____

In what context(s) have you known the applicant? _____

If applicable, list the course(s) you have taught this student, noting for each the student's year in school and the level of course difficulty (advanced placement, honors, accelerated, gifted, etc.):

This candidate ranks _____ in a class of _____ students. Check here if your school does not rank students.

Please send a profile or explanation of grade distribution if available.

Please list the level of courses offered at your high school in rank order from most difficult to least difficult.
(e.g., advanced placement, honors, enriched, regular, remedial):

How would you describe this student's course of study within your school's curriculum?

- Typical Demanding Unusually Demanding

RATINGS

Compared to other college-bound students, check how you would rate this student in terms of academic skills and personal promise.

| | Below Average | Average | Good (above average) | Very good (well above average) | Excellent (top 10%) | One of the best students I've encountered | No basis for judgment |
|--------------------------------|---------------|---------|----------------------|--------------------------------|---------------------|---|-----------------------|
| Maturity | | | | | | | |
| Social adaptability | | | | | | | |
| Emotional adaptability | | | | | | | |
| Leadership | | | | | | | |
| Creativity/original thinking | | | | | | | |
| Motivation | | | | | | | |
| Artistic talents | | | | | | | |
| Independence/initiative | | | | | | | |
| Intellectual ability | | | | | | | |
| Academic achievement | | | | | | | |
| Written expression of ideas | | | | | | | |
| Effective class discussion | | | | | | | |
| Disciplined work habits | | | | | | | |
| Academic promise | | | | | | | |
| Character and personal promise | | | | | | | |

My recommendation of this candidate for admission to Loyola University New Orleans is:

| | Fair | Good | Excellent | One of the best students I have encountered |
|------------------------|------|------|-----------|---|
| Overall Recommendation | | | | |

Any special problems of which the university should be aware? _____

Additional comments (you may attach a separate statement) _____

Signature _____ Date _____

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(504) 865-3240, 1-800-4-LOYOLA, or FAX 504-865-3383

Look for us on the web at www.loyno.edu
admit@loyno.edu