



## Teacher/Counselor Recommendation

All freshman applications are required to submit one teacher/Counselor Recommendation.

**TO THE CANDIDATE:** Please **print** your name and address **legibly** below and give this form to the appropriate teacher/counselor reference along with a stamped envelope to be sent to The College at Brockport at the address above.

Candidate's name:

Mr.  Mrs. \_\_\_\_\_  
Last First M.I.

Social Security Number\* or Brockport ID \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Check here if you have applied for admission through the Educational Opportunity Program (EOP).

**TO THE TEACHER/COUNSELOR:** The person named above is applying to The College at Brockport. The Admissions Committee needs a candid recommendation as it chooses among highly qualified candidates. Please state your thoughts about the candidate's academic and personal qualifications on the other side of this form or attached sheet. 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 at Brockport. Thank you for your assistance.

Teacher/Counselor Name (please print) \_\_\_\_\_ 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%)	One of the few encountered in my career
Intellectual Curiosity							
Creativity							
Expression of ideas (oral and written)							
Academic achievement							
Leadership							
Participation in activities							
Adjustment to new situations							
Work consistent with ability							
Study habits							
Initiative/follow-through							

**BACKGROUND INFORMATION**

How long have you known the candidate and in what context? \_\_\_\_\_

What are the first words that come to mind as you describe the candidate? \_\_\_\_\_

If you are a teacher, please list the course(s) you have taught this candidate. Noting for each course his/her year in school (10th, 11th, 12th grade) and the level of rigor of the course (AP, accelerated, elective, honors, IB, etc.). \_\_\_\_\_

**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 The College at Brockport and any unique accomplishments or life experiences that separate this student from classmates. If needed, please attach an additional sheet with your comments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Authority to solicit the Social Security number has been established by Section 355 of the Educational Law of New York State. The number is used for admissions and financial-aid record keeping.

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 Undergraduate Admissions  
The College at Brockport  
350 new Campus Drive  
Brockport, NY 14420  
(585) 395-2751  
Fax: (585) 395-5452



The College at  
**BROCKPORT**  
STATE UNIVERSITY OF NEW YORK