



Kentucky Christian University Counselor Evaluation and Recommendation

Mail to the Admissions Office, Kentucky Christian University, 100 Academic Parkway, Grayson, KY 41143

To Be Completed By Student

After completing this section, please ask your guidance counselor to complete the bottom part of this form and mail it to the Office of Admissions at their earliest convenience.

Student's Full Name _____ Student's Social Security Number _____

Name of High School or College/University _____

Address of High School or College/University _____ City _____

State _____ Zip _____ School's Phone Number (_____) _____

This Section To Be Completed By Recommender

This form will be used for the admissions process. Please send this form along with a copy of the student's current high school transcript and a school profile to our Office of Admissions at the address listed above.

How long have you known the applicant? _____

What are the first words that come to your mind to describe this student? _____

Do you know this student in a capacity outside of school? Yes No If yes, please explain _____

To your knowledge has the applicant been involved with drugs, tobacco, and/or alcohol? Yes No

Do you think the applicant is academically suited for college? Yes No

Student's cumulative grade point average is _____ (weighted) _____ (unweighted) on a _____ scale.

Please Complete the Following:

Please check the appropriate box:	Excellent	Good	Average	Poor	Unknown
Christlike Character					
Self-Disciplined					
Honesty					
Dependable					
Personal Character					
Leadership Potential					
Maturity					

Do you recommend that this applicant be admitted into Kentucky Christian University?

Highly recommend Recommend Recommend with reservation Do not recommend

Additional comments: _____

Name _____

Signature _____ Date _____