



**RHODE ISLAND
COLLEGE**

**SCHOOL
COUNSELOR
RECOMMENDATION**

Applicant: After filling in your name and address below, give this form to your school counselor.

Student Name _____
LAST/FIRST/MIDDLE

Address _____
NUMBER/STREET

CITY/STATE/ZIP

*Please have your school
counselor complete and
return this form to:*

Office of Undergraduate
Admissions
The Forman Center
Rhode Island College
Providence, RI 02908-1991

Secondary School Counselor: Please supply the following information for the student named above.

This candidate ranks _____ in a class of _____ students.

The rank is weighted _____ unweighted _____.

The rank covers a period from _____ to _____ .
(MO./YR.) (MO./YR.)

For Nonranking Schools: Applicant's decile in class (nearest tenth from the top) _____ .

If decile is not available, please provide a grade point average distribution table for the senior class based on a four-point scale.

Of this candidate's graduating class, _____ percent plan to attend a four-year college.

How long have you known the applicant? _____

What are the first words that come to your mind to describe the applicant?

Please comment on the academic preparedness of this student to do college work. _____

Counselor's Name *(please print or type)* _____

Position _____ School _____

School Address _____

Office Telephone () _____ E-Mail Address _____

Signature _____ Date _____