

**Indiana University South Bend Office of Admissions  
Counselor Recommendation Form**

BEGINNING FRESHMAN ONLY - Applicants may request a Counselor Recommendation be submitted on their behalf, but it is not required to complete an undergraduate application file.

**Applicant Information:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
DATE OF BIRTH (MO/DAY/YR): \_\_\_\_\_

**Request to Counselors:**

Please complete the remaining sections of this form and forward it together with the student's official high school transcript, including SAT or ACT scores, if available, to the address listed at the bottom of this form. An additional page may be attached to this form if the space provided below is not sufficient for comments.

**Counselor or Principal Information:**

HIGH SCHOOL: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
COUNSELOR'S NAME: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Academic Information:**

GRADUATION DATE (MO/DAY/YR): \_\_\_\_\_  
CUMULATIVE GPA: \_\_\_\_\_/\_\_\_\_\_

NATIONAL TEST SCORES						
	CR	MA	WR	ES	MC	Date Taken
Pre-March 2016 SAT						
	MA	E-B RW	RE	WR		
Post-March 2016 SAT						
	EN	MA	RE	SR	CO	Date Taken
ACT						
ACT						

**Indiana Counselors:** Please indicate by circling an item if the applicant has completed or is expected to complete:  
CORE 40      TECHNICAL HONORS      ACADEMIC HONORS      GENERAL DIPLOMA

Is this student a Twenty-first Century Scholar?    Yes    No

COMMENTS:


SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAIL TO:  
INDIANA UNIVERSITY SOUTH BEND  
OFFICE OF ADMISSIONS  
PO BOX 7111  
SOUTH BEND, IN 46634  
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