

XAVIER UNIVERSITY OF LOUISIANA

Counselor Recommendation Form

To the Applicant: Please complete this section. Your signature on this form will serve as an authorization to your high school for release of information. After you sign, please deliver this form to your counselor or principal.

Student's Name _____ Social Security # --
Address _____
City State Zip
Signature _____ Date _____

To the Counselor or Principal:

The above student is applying for admission. Please complete and return this form with an OFFICIAL TRANSCRIPT to:

OFFICE OF ADMISSIONS
Xavier University of Louisiana
1 Drexel Drive
New Orleans, LA 70125

1. High School _____ Accredited by _____
2. High School Code
3. Test Scores
ACT E _____ M _____ R _____ SR _____ C _____ Date _____
SAT CR _____ M _____ W _____ Date _____
4. GPA _____ (4.0 = A) Expected graduation date: _____
Month Year
5. The student has a rank of _____ in a class of _____.
6. The high school curriculum pursued by the student can best be described as:
 Honors College Prep Regular Vocational _____
7. Check the category under which you think the academic record of the applicant will fall:
 Excellent Above Average Average Below Average Failure
8. Considering all attributes, I recommend the student:
 strongly as above average as average with reservations do not recommend
9. Please make other comments below which you believe are pertinent. (USE BACK OF THIS PAGE OR EXTRA PAGE IF NECESSARY).

Signature _____ Title _____

Date _____ Phone Number _____ Email _____