

# 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 # --  
Optional  
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 \_\_\_\_\_