LEAP Summer Science Program
Counselor Recommendation Form

Student’s Name ____________________________

The student named above is applying for admission to the LEAP Summer Science Program at Xavier University. Please complete and return this form with an OFFICIAL TRANSCRIPT to:

LEAP/UNITE Summer Scholars Program
Xavier University of Louisiana
1 Drexel Drive Box 95
New Orleans, LA 70125
OR
Fax: (504) 520-7992 E-mail address: leap@xula.edu

(This section to be completed by the nominating LEAP Sponsor, school counselor, or school teacher)

1. The student’s cumulative grade point average (0.0 to 4.0) ______/4.0 Rank in Class: ______/_____

2. The curriculum pursued by the student can best be described as (check one):
   □ Honors/Gifted □ College Preparatory □ Regular/Standard □ Remedial □ Vocational
   □ Other: ______________________________________

3. Your overall evaluation of this student in comparison to other students taught is:
   □ Top 5%  □ Top 10%  □ Top 25%  □ Top 33%  □ Top 50%  □ Top 75%  □ Top 90%

4. Please indicate all classes the student will be taking next school year.
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

5. The student’s overall behavior is: □ excellent □ very good □ good □ average □ poor

6. Is the student capable conducting himself/herself in an orderly and courteous manner on a college campus where he/she will interact with a large number of students of all ages? □ Yes □ No

7. Considering all attributes, I recommend the student:
   □ strongly □ as above average □ as average □ with reservation □ do not recommend

8. Other comments that you believe are pertinent and will help us to evaluate the student’s academic potential, ability to benefit from our program, and ability to learn. (PLEASE USE AN EXTRA PAGE IF NECESSARY)
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Name __________________________________________ Title __________________________

PRINTED

Signature __________________________________________ Date ____________________

Phone (_____) _______ - ____________ Fax (_____) _______ - ____________

E-mail address __________________________________________