



## TEACHER & COUNSELOR RECOMMENDATION FORM

**Center of Excellence (COE)** the purpose of the Centers of Excellence High School Initiative is to enhance the competitiveness of a local pool of high school students interested in health science majors. Ultimately, it is our goal to increase the number of minority students who enter into the health professions and Xavier University College of Pharmacy

This student has applied to the COE Summer program at Xavier University of Louisiana. As part of the application process, a formal recommendation is required from a teacher or counselor who can attest to the student's academic performance and character.

Please complete and return this form to the address below on or before **April 20<sup>th</sup>**. Please note that the student's application will not be reviewed until receipt of this form.

### TO BE COMPLETED BY STUDENT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

High School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Counselor/Teacher Name \_\_\_\_\_

Title \_\_\_\_\_

*I freely and voluntarily waive my rights of access to any and all information contained in this recommendation, and agree that any comments below will remain confidential.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY COUNSELOR/TEACHER

1. How would you compare the student to other students?

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	OUTSTANDING
Analytical Skills	<input type="checkbox"/>				
Classroom Discussion	<input type="checkbox"/>				
Creative Thinking	<input type="checkbox"/>				
Growth Potential	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Intellectual Skills	<input type="checkbox"/>				
Written Expression	<input type="checkbox"/>				
Overall Recommendation	<input type="checkbox"/>				

Recommendation for \_\_\_\_\_

2. How long have you known the student, and in what capacity? \_\_\_\_\_

\_\_\_\_\_

3. Please tell us about the student. We are particularly interested in the student's intellectual promise, motivation, maturity, integrity and other qualities that will help us differentiate him/her from others.

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Counselor/Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please complete and return this form to the address below on or before **April 20<sup>th</sup>**

**Email to:**  
College of Pharmacy  
Xavier University of Louisiana  
1 Drexel Drive □ Suite 100  
New Orleans, Louisiana 70125

**Fax to:**  
504.520.7977

**Contact us at:**  
**Phone:** 504.520.5398

**Email to:**  
[centerofexcellence@xula.edu](mailto:centerofexcellence@xula.edu)