

Dual Credit Enrollment School Counselor Recommendation Form

This form is only required for students who have not yet completed their junior year.

This section should be completed by the student's high school counselor. Please include an official copy of the student's transcript with this recommendation.

Student's Name:						
Student's High School:			Student's Current Grade Level:			
Student's Cumulativ	e Grade-Point	Average (9 th gra	ide to present)):		
Student's Standardiz	zed Test Score	s: PSAT or SA	Γscores: EBF	RW	Math	
and/or ACT Scores:	: Composite	English Reading		ding	lath Science	
and/or Keystone or	PSSA scores	(please include	date)			
Please assess the	applicant's ab	ility in the chai	rt below by m	arking the ap	propriate cell:	
	Below average	Average	Good	Excellent	Outstanding	Lack adequate information to comment
Academic Achievement						
Self-discipline						
Attendance						
Respect for teachers/peers						
Motivation						
Initiative						
Potential for growth through this program						

Comments:	
Counselor Signature	Counselor Name (please print or type)
Title	Phone Number
If you have questions about the program, please at 814-898-6100.	contact the Penn State Behrend Office of Admissions
Please return this form with the student's high sc	hool transcript to:
Penn State Behrend Office of Admissions Attn: Melissa Grimm 4851 College Drive Erie, PA 16563	

Or email a scanned copy to mgrimm@psu.edu.