Maine School of Science and Mathematics
95 HIGH STREET LIMESTONE, MAINE 04750 207.325.3619
admissions@mssm.org www.mssm.org

School Counselor Recommendation Form

APPLICANT TO COMPLETE THIS SECTION:

Applicant's Name: _____

OPTIONAL WAIVER OF RIGHT OF ACCESS

We, the undersigned, understand that the information provided in this letter of recommendation will be used by MSSM in deciding admission. We hereby waive any and all rights of access to this letter we might have under the Family Educational Rights and Privacy Act of 1974, or other related laws, regulations, or policies.

_____/_____ _____/_____

Applicant Signature Date Parent/Legal Guardian Signature Date

The above-named applicant has applied for admission to the Maine School of Science and Mathematics. We would like you to know this is an important element of the application process and ask that you be detailed and candid in your comments. Your time and effort is greatly appreciated. We ask that you return this form directly to the Admission Office.

In addition to this form, please forward a copy of the applicant's transcripts and their most recent grade report. Also, please include any educational records for the past calendar year as well as PSAT, SAT and/or ACT scores. We would also appreciate a copy of your school profile.

A) How long have you known this applicant? _____

B) Has the applicant ever been subject to any disciplinary action from the school? ☐ Yes (please explain) ☐ No

C) Has the applicant experienced any extended/excessive absences from the school? ☐ Yes (please explain) ☐ No

D) Please provide any additional information about the applicant that would help us in assessing his/her application.

_____

_____

_____

Name (please print): _____ Title: _____

Signature: _____ Date: _____ Email: _____

Address: _____ Phone Number: _____