



Dual Enrollment School Counselor Recommendation Form

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 Cumulative Grade-Point Average (9th grade to present): _____

Student's Standardized Test Scores: PSAT or SAT scores: EBRW _____ Math _____

and/or ACT Scores: Composite _____ English _____ Reading _____ Math _____ Science _____

and/or Keystone or PSSA scores (please include date) _____

Please assess the applicant's ability in the chart below by marking the appropriate 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 contact the Penn State Behrend Office of Admissions at 814-898-6100.

Please return this form with the student's high school 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.