HIGH SCHOOL COUNSELOR/PRINCIPAL/TEACHER RECOMMENDATION FORM

(For First-Time Freshman Students ONLY)

Applicants

Please complete the first three lines of this form and give to your counselor, principal or teacher to complete. You may mail your completed application with any attachments, along with the $20 application fee, directly to the Office of Admissions at the University of the Incarnate Word.

Name _____ Social Security Number _____

Address _____ City/State _____

Phone Number _____ E-Mail Address _____

Counselor/Principal/Teacher

Please complete the bottom portion of this form and mail with the applicant's official transcript. Send to University of the Incarnate Word, Office of Admissions, 4301 Broadway, San Antonio, Texas 78209.

Counselor/Principal/Teacher Name _____

Title _____ High School _____

School Address _____ City/State _____

School Phone Number _____ High School Code _____

What is your recommendation regarding the applicant?:

_____ Recommend with Enthusiasm
_____ Highly Recommend
_____ Recommend, but with reservations
_____ Do not recommend student to Incarnate Word
_____ Please call regarding this student

Comments:

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Signature _____ Date _____