



Office of Admissions
 P.O. Box 2000, Cortland, New York 13045
 607-753-4711, Fax: 607-753-5998
 Admissions@cortland.edu

TEACHER/COUNSELOR RECOMMENDATION

All freshman applicants are required to submit one Teacher/Counselor Recommendation

To the Applicant: Please complete the name and address section below and give this form to the teacher/counselor reference along with a stamped envelope addressed to SUNY Cortland at the address above.

Applicants Name:

_____ Social Security Number* _____
 Last First M.I.

Street Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Phone:(____) _____ E-mail: _____

Check here if you have applied for admissions through the Educational Opportunity Program (EOP).

To the Teacher/Counselor: The person named above is applying to SUNY Cortland. The Admissions Review Committee needs your thoughts about the applicants academic and personal qualifications. Please complete the following form to assist us in our review process. Your recommendation will remain confidential. The Admissions Committee does not provide access to application material to the applicant or to his/her family. This form will not become part of the student's official file should the applicant enroll at SUNY Cortland. Thank you!

Teacher/Counselor name (*please print*): _____ Title: _____

Name of school: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

Background Information

How long have you known the applicant and in what context? _____

If you are a teacher, please list the course (s) you have taught this applicant, and please note the year in school (10th, 11th, 12th grade) and the level of the course (AP, honors, elective, etc.). _____



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Rating:

Compared to other college-bound students in the same class, how do you rate this applicant?

	No basis to judge	Below Average	Average	Good	Very Good	Excellent (Top 10%)	Exceptional (Top 1 %)
Intellectual curiosity							
Creativity							
Expression of ideas (oral and written)							
Academic achievement							
Leadership							
Participation in activities							
Adjustment to new situations							
Work consistent with ability							
Study habits							
Citizenship							

Recommendation:

Please write an assessment of the candidate’s academic promise and personal characteristics. Why do you think the applicant would be successful academically at SUNY Cortland? *(Please feel free to provide additional comments on a separate sheet or attach a letter of recommendation you’ve already written for this student.)*

Signature: _____ Date: _____

Please be sure to sign and date the form. Return to the address above.

*Authority to solicit the Social Security number has been established by Section 355 of the Educational Law of New York State. The number is used for record keeping in the admissions and financial advisement office.