

BRIDGEWATER COLLEGE

BRIDGEWATER, VA 22812-1599 | 540-828-5375 | 800-759-8328

GUIDANCE COUNSELOR REFERENCE

Student's Name: _____

The student mentioned above has filed an application for admission to Bridgewater College. We request your assistance in determining your student's eligibility for admission. Information provided will not be placed in the student's permanent record. Your comments are regarded as confidential and will be used solely in the admission process.

Please complete the reference form and return to Bridgewater College. If it has not already been sent, please send the transcript (including standardized test scores), transcript legend, grading scale and school profile, if applicable. *Please include senior courses and any current grades that are available.* If the transcript has already been sent, please indicate the date sent: _____

How long have you known this student? _____

Of this candidate's graduation class, what percent plan to attend a four-year college? _____

Student's cumulative grade point average (on 4.0 scale): _____ as of _____

Student's class rank in senior year: _____ / _____ Date of ranking: _____

The student's grade point average is: _____ weighted _____ unweighted _____ Our high school does not rank.

Course Selection: In comparison to other college preparatory students at our school, this applicant's course selection is:

Most demanding Very demanding Demanding Average Less than average

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Qualities and Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

____ I highly recommend this student.

____ I recommend this student.

____ I recommend this student with reservation.

____ I do not recommend this student.

Counselor's Name: _____
First Middle Initial Last

Signature: _____ Date: _____

Office Telephone: (____) _____ FAX: (____) _____

High School Name: _____

Please use the space on the back to add information that you believe will help us in determining whether to accept this student for admission to Bridgewater College. Your appraisal should specifically estimate the student's potential for academic success at Bridgewater College. We also are interested in your opinion of this individual's personal traits, work habits, leadership skills and special talents. You also may include information about the student's extracurricular activities, community activities, volunteering, honors, clubs, etc.

Please return to:

Office of Admissions | Bridgewater College | 402 East College Street | Bridgewater, VA 22812-1599 | FAX: 540-828-5481