Teacher/Counselor Recommendation Form

ADMISSIONS AND RECRUITMENT OFFICE
Florida Agricultural and Mechanical University
1735 Wahnish Way
CASS Building, Suite 207
Tallahassee FL 32310
Phone: 850 ● 599 ● 3796 Fax: 850 ● 412 ● 6604
Email: admissionsdocs@famu.edu

_____ _____ _____ _____
Last Name **First Name** **Middle Name** **Jr., III, etc**

FAMU Student ID or SSN: _____ **Date of Birth**: _____/_____/_____

Please complete this form and we appreciate your candid evaluation of the student based on the questions provided. All comments will be confidential and used solely for the purpose of determining eligibility for admission.

Academic	Excellent	Good	Above Average	Average	Below Average
Self-Discipline					
Creativity					
Oral Communication					
Written Communication					
Attentiveness					
Organizational Skills					
Effort					
Motivation					

Character and Personality Ratings	Excellent	Good	Above Average	Average	Below Average
Personal Initiative					
Self Confidence					
Leadership					
Respect for Others					
Maturity					
Concern for Others					
Responsibility					
Overall Character					

I recommend this applicant ☐ **Wholeheartedly** ☐ **Confidently** ☐ **With Reservation** ☐ **Do Not Recommend**

Please tell us anything else you think we might want to know about this student. _____

_____

_____

_____

Signature: _____

Print Name: _____ **Date:** _____

Title: _____ **E-mail:** _____

Telephone: (____)_____ **Fax:** (____)_____

School Name: _____

School Address: _____
Street **City, State, Zip**

Instructions for High School Counselors

1.) Please submit this completed recommendation form in a sealed envelope.
2.) Please have official transcripts sent to the Florida A&M University, Office of Undergraduate Admissions
3.) Please remind students to have test scores sent directly to FAMU by the testing agencies.