The Citadel - Guidance Counselor Recommendation Form

Counselor recommendation for _____ (applicant's full name) of _____ (name of school).

Rank (if applicable): _____ out of _____ students

Check appropriate rank information:

- ❑ All subjects given credit
- ❑ Major subjects only
- ❑ All students
- ❑ College prep students

Grade point average: _____ based on _____ semesters.

Comments:

_____

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_____

Counselor (Print Name): _____ Date: _____

Counselor (Signature): _____ Title: _____

Guidance Office Telephone: _____

Return to: Office of Admissions
The Citadel
171 Moultrie St.
Charleston, SC 29409

This form may also be returned via fax: (843-953-7036) or e-mail (admissions@citadel.edu).