

Counselor Recommendation is for High School Applicants Only

St. Joseph's College of Nursing  
at St. Joseph's Hospital Health Center  
Syracuse, New York

Confidential Secondary School Record  
HIGH SCHOOL COUNSELOR RECOMMENDATIONS

*Applicant: Please complete the following section before submitting to your counselor.*

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Female       Male

Name of Parent / Guardian \_\_\_\_\_

School Name \_\_\_\_\_ Dates attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Counselor Observations:

Entrance Date \_\_\_\_\_ (check one)    Graduated    Will Graduate    Withdrew Date \_\_\_\_\_

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Is rank weighted?    Yes    No

Cumulative GPA \_\_\_\_\_ Is GPA weighted?    Yes    No

How long have you known the applicant? \_\_\_\_\_

Rate of difficulty of the applicant's curriculum:

Most Demanding    Demanding    Average    Less than Demanding

Estimate of applicant's future success at St. Joseph's College of Nursing:

Superior    Above Average    May Encounter Difficulty    Little Chance of Success

Overall Recommendation:    Enthusiastically Recommended    Recommend

Not Recommended    Prefer Not to Make a Recommendation

SAT's \_\_\_\_\_ ACT's \_\_\_\_\_ Date \_\_\_\_\_

Counselor Remarks

*Please indicate any information relevant to the student's application to St. Joseph's College of Nursing*

Counselor's Name \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone (area code) \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Please forward complete form to:  
St. Joseph's College of Nursing  
Office of Admissions  
206 Prospect Avenue  
Syracuse, NY 13203-1892