ITHACA

Summer College for High School Students

TEACHER RECOMMENDATION

To the applicant: Please complete the top portion and give to your guidance counselor, college adviser, or teacher.

Name_____
last first middle

Home address_____
street city state zip country (if not USA)

High school_____

Intended course(s) at Ithaca College Summer College for High School Students

_____

_____

To the counselor/teacher: The student named above is applying to a summer college program for high school students at Ithaca College. Our program is a rigorous, residential, college-level academic program. Please write an appraisal of this applicant. We are especially interested in your opinion of this individual's academic and personal traits, work habits and special talents, and level of maturity. Your comments are regarded as confidential and will be used solely in the admission process.

Counselor/teacher name (print)_____
Occupation or position_____
Address _____
Counselor/teacher signature _____ Date_____

Please return in a sealed envelope to the student. Or:

by mail to:
Ithaca College
Division of Graduate and Professional Studies
953 Danby Road
Ithaca, NY 14850-7000

by fax to:
866-924-6272

by email to:
summercollege@ithaca.edu

Please contact us with questions at 607-274-3143 or summercollege@ithaca.edu.