



Admissions Office
100 Campus Circle
Garrison Hall
Owings Mills, MD 21117
1-877-468-6852
Fax: 443-352-4440
E-mail: admissions@stevenson.edu

FOR OFFICE USE: ID# _____ PRSP _____ ASUM _____
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Teacher/Counselor Recommendation

TO THE STUDENT: Please complete this section and give the form to your guidance counselor or teacher.

Student Name _____

Address _____

Date of Birth _____

TO THE TEACHER/COUNSELOR: The Admissions Committee requires at least one letter of recommendation from a counselor and/or teacher for each candidate. By submitting an appraisal of the candidate, you will greatly help us reach a decision in his/her best interest. Please submit your appraisal of the candidate along with this form. Thank you.

Teacher/Counselor Name _____ Phone _____

How long, and in what capacity have you known this student? _____

High School _____ High School CEEB _____

Address _____

Office Phone _____ Fax _____

Signature _____ Date _____

Note about confidentiality: Under Public Law 93-380, the Family Educational Rights and Privacy Act, candidates for admission do not have access to their records in the Admissions Office unless and until they enroll at Stevenson University. To assure confidentiality of information within the spirit of the law, the University will destroy this form and any other subjective supplementary statements about this student before his/her matriculation at Stevenson.