

MARIAN UNIVERSITY

Indianapolis

Advanced Study Program

Counselor Recommendation Form

Student's Name: _____

In comparison to their peers, would you say this student's academic standing is:

Above average ____ Average ____ Below average ____

____ I recommend this student for admission to Marian University's Advanced Study Program

____ I do not recommend this student for admission to Marian University's Advanced Study Program

____ Student meets the Advanced Study Program's minimum requirements of a 3.00 cumulative grade point average and a standardized test composite score of 910 SAT or 91 PSAT and/or 19 ACT or 18ACTPLAN

Comments:

Counselor (printed) _____ Phone _____

Counselor Signature _____ Date _____

Please return this form along with student transcript to:

Marian University
Office of Admission
3200 Cold Spring Road
Indianapolis, IN 46222-1997