University of New Hampshire
Career Advancement & Lifelong Learning Institute

The CATS Program

School Counselor Letter of Recommendation

Student's Legal Name _____

Student's Preferred Name _____

High School _____

Year of Graduation: _____ Student's Cumulative GPA _____

RECOMMENDATION: *Counselor feedback is vital to our review of this application. Please provide a brief recommendation for this student. Consider how well they are prepared for success in college coursework.*

School Counselor Email Address _____

School Counselor Print Name _____

School Counselor Signature _____ Date _____

Please Return This Form to the Student and Provide the Student's High School Transcript