The Richard Stockton College of New Jersey
High School Counselor/Teacher Recommendation Form

(OPTIONAL FORM: This form can be used by your Counselor or Teachers in lieu of a written recommendation.)

To be filled out by the Student:
Fill out the information in the top half of this form, and give it to your high school guidance counselor/office to complete and forward, along with your application credentials (transcript, test scores, recommendations).

Last Name ___________________    First Name _____________________
SSN ________________________
Address _____________________________________________________
City _____________________ State _______    Zip ____________

To be filled out by the Counselor/Teacher:
Please fill out the following information; attach this student's application credentials (transcript, test scores).

At the end of ____ semesters, the student ranked ____ out of ____.
This ranking is ___ exact ___ approximated.  We do not rank ____.

Please list any course work in progress that does not appear on the student's transcript:

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<th>Subject Area</th>
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I recommend this student for admission.  
I do not recommend this student for admission.  
Please call me regarding this student's application.

Counselor/Teacher Signature  
____________________________________  Date ____________
High School _____________________________  High School Telephone (____)____-_______

Return to:  Stockton College Admissions  
PO Box 195  
Pomona, NJ 08240-0195