

**ADMINISTRATOR/PRINCIPAL RECOMMENDATION FORM  
for  
COLLEGIATE SCHOOL OF MEDICINE AND BIOSCIENCE**

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:**

**Frederick Steele  
4939 Kemper Avenue  
St. Louis, MO 63139  
Fax: 314-244-1790  
Email: Kennethera.turner@slps.org**

**IF NECESSARY, PLEASE USE THE REVERSE SIDE FOR ADDITIONAL COMMENTS.**

**STUDENT'S NAME:**

**SCHOOL:**

\_\_\_ **I DO RECOMMEND THIS STUDENT FOR COLLEGIATE**

\_\_\_ **I DO NOT RECOMMEND THIS STUDENT FOR COLLEGIATE**

**PLEASE CHECK THE APPROPRIATE RATING**

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>NEEDS IMPROVEMENT</b>	<b>POOR</b>
<b>Academic Performance</b>	_____ (A – B+)	_____ (B-C)	_____	_____
<b>Assuming Responsibility</b>	_____	_____	_____	_____
<b>Attendance</b>	_____	_____	_____	_____
<b>Relationship with Peers</b>	_____	_____	_____	_____

\_\_\_\_\_  
**Name of Person Completing Form**      **Signature of Person Completing Form**

\_\_\_\_\_  
**Principal's Signature**      **Date and Telephone Number**

**TEACHER/COUNSELOR RECOMMENDATION FORM**  
**for**  
**COLLEGIATE SCHOOL OF MEDICINE AND BIOSCIENCE**

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<b>Academic Performance</b>	_____ (A – B+)	_____ (B-C)	_____	_____
<b>Assuming Responsibility</b>	_____	_____	_____	_____
<b>Attendance</b>	_____	_____	_____	_____
<b>Relationship with Peers</b>	_____	_____	_____	_____

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**Name of Person Completing Form**

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