2019 SPRING COLLEGE TOUR

Donald Maxwell - Director

INSTRUCTORS:
The student presenting this form to you seeks to attend the 2019 HBCU College Tour, March 17-23, 2019. Please provide a rating for the following areas. Thank you in advance for your cooperation:

STUDENT'S NAME: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

HIGH SCHOOL: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Excellent...Good.... Average…. Poor
(*Please circle only one below*)

Teacher Name: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

1. Classroom Behavior	E	G	A	P
2. Ability to get along with others	E	G	A	P
3. Self-Control	E	G	A	P

Teacher Name: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

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2. Ability to get along with others	E	G	A	P
3. Self-Control	E	G	A	P

Teacher Name: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

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Teacher Name: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

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2. Ability to get along with others	E	G	A	P
3. Self-Control	E	G	A	P

Teacher Name: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

1. Classroom Behavior	E	G	A	P
2. Ability to get along with others	E	G	A	P
3. Self-Control	E	G	A	P

COUNSELOR:
This is to certify that the above student has a cumulative GPA of: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Counselor Signature:⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

Counselor Email Address: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯ Phone Number: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

SCHOOL ADMINISTRATOR:
This is to certify that the above student has a total of ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯ Disciplinary Referrals for this school year. Further, the student's school and instructors have been made aware of the dates and locations of the college tour should the student miss classes as a result of the student's participation on the tour.

Administrator Signature: ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯