



306 WEST TENTH STREET • MICHIGAN CITY, INDIANA 46360
PHONE: 219.873.1325 • FAX: 219.873.1327 • www.marquette-hs.org

Marquette Catholic High School • Transfer Student Student Recommendation Form

Student recommendation forms are to be completed by at least one current teacher or school counselor (teachers of English, Lang. Arts, Soc. Studies, Math, or Science). Completed forms must be returned directly to Marquette Catholic High School Admissions from the individual (not the applicant) before the application will be considered.

Name of student-applicant: _____

The student above is applying for a transfer to Marquette Catholic High School. We value your professional insight in helping us learn more about this applicant. Your candid evaluation will be one among several assessments. This completed form will be held in strictest confidence. Please mail or fax directly to the Admission Office at Marquette Catholic High School, 306 W. Tenth St., Michigan City, IN 46360 or fax to Admissions at 219.873.1327.

How long have you known the applicant? _____

How would you describe the applicant? _____

What are the applicant's strengths? _____

What have been your observations and/or knowledge of the applicant's participation in extracurricular activities and/or community service activities?

Please circle the number that best applies in each of the following categories:

	Poor	Weak	Average	Good	Exceptional
Personal conduct / behavior	1	2	3	4	5
Character / personal integrity	1	2	3	4	5
Attitude toward learning	1	2	3	4	5
Class participation	1	2	3	4	5
Motivation / work ethic	1	2	3	4	5
Respect for others	1	2	3	4	5
Academic promise	1	2	3	4	5

Your overall recommendation of this applicant for admission to Marquette Catholic High School (please circle one):

Do not recommend

Recommend with reservation

Recommend without reservation

Please explain your overall recommendation and/or offer additional information that would be helpful to Marquette Catholic High School:

Name of individual completing this form (please print): _____

Your position: _____ School: _____

Signature: _____ Date: _____ Phone: _____