



# Collegiate Program Admissions Recommendation

## To be completed by student

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone (xxx) xxx-xxxx \_\_\_\_\_ Email Address \_\_\_\_\_

## To be completed by High School Official

Name of High School \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone (xxx) xxx-xxxx \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Fax (xxx) xxx-xxxx \_\_\_\_\_

### Student Info:

Current Grade: ☐ 11 ☐ 12 Student is following TU Core Curriculum?: ☐ Yes ☐ No

Cumulative GPA: \_\_\_\_\_ ACT/SAT Scores: English \_\_\_\_\_ Math \_\_\_\_\_ Composite \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Principal's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This signature indicates my approval and recommendation of the above student to participate in the ULM Collegiate Program. Principal's signature must be original. A stamped signature will not be accepted.**

Please send this Collegiate Admissions Recommendation form to:

The University of Louisiana Monroe  
Office of Admissions  
ATTN: Collegiate Program  
700 University Avenue  
Monroe, LA 71209-1160

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_