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

PLEASE COMPLETE	, SIGN AND RI	TUKN TI	HIS FORM TO:	
Frederick Steele				
4939 Kemper Av				
St. Louis, MO 63 Fax: 314-244-179				
Email: Kennethe	-	ora		
Eman: Kenneme	era.turner@sips	.org		
IF NECESSARY, PLEA	ASE USE THE	REVERSI	E SIDE FOR ADDIT	IONAL
COMMENTS.				
STUDENT'S NAME:				
SCHOOL:				
I DO RECO	MMEND THIS S	TUDENT I	FOR COLLEGIATE	
12012201				
I DO NOT R	ECOMMEND T	HIS STUD	ENT FOR COLLEGIA	ATE
				OLLEGIATE
PLEAS	SE CHECK TH	E APPRO	PRIATE RATING	
			NIEEDG	
	EXCELLENT	GOOD	NEEDS IMPROVEMENT	POOR
Academic Performance				
	$(\mathbf{A} - \mathbf{B} +)$	(B-C)		
Assuming Responsibility				
Attendance				
Relationship with Peers				
_				
Name of Person Completing	g FormSignature o	f Person Co	mpleting Form	
Principal's Signature Date	and Telephone Nu	mher		

TEACHER/COUNSELOR 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

Principal's Signature

Email: Kennethera.turner@slps.org

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

I DO RECO	MMEND THIS S	TUDENT I	FOR COLLEGIATE		
I DO NOT R	RECOMMEND T	HIS STUD	ENT FOR COLLEGIA	ATE	
PLEASE CHECK THE APPROPRIATE RATING					
	EXCELLENT	GOOD	NEEDS IMPROVEMENT	POOR	
Academic Performance Assuming Responsibility	(A – B+)				
Attendance					
Relationship with Peers					

Date and Telephone Number