Kishwaukee College Engineering, Math & Science Academy **Counselor Evaluation of Applicant**

To the Applicant: Please complete the Information Release section below and print your name in the Application Recommendation section. Give the signed form to your current high school counselor, allowing enough time for thoughtful completion and ask them to return it to Kishwaukee College postmarked no later than February 15.

INFORMATION R	RELEASE – Complete this	section before giv	ing to the couns	elor.	
	request that all data in support shwaukee College Academy tee Admissions Office.	As parent/legal guardian of the named student, I grant permission to release all school data in support of my son/daughter's application to the Kishwaukee College Academy.			
Applicant Signature	Date	Parent/Legal Guardian Signature Date			
	vaive my right to review any acluded in this evaluation form ints. (optional)	As parent/legal guardian of the named student, I waive my right to review any comments or information included in this evaluation form or their supporting documents. (optional)			
Applicant Signature	Date	Parent/Legal Guar-	dian Signature	Date	
APPLICATION REL	ECOMMENDATION Last, First, Middle)		C	Current Grade Level	
	ear of Chemistry with a grade of " alculus/Trigonometry with a grad				
Currently taking Che	emistry				
Currently taking Pre	-Calculus/Trigonometry				
School Name					
	recommendation for this applicant. vaukee College Academy. Attach ad			ributes that will contribute to	
Name of person completing	this form.				
(Last)	(First)		(Title)	(Phone)	
(Address)	(City)	(Zip)			
(Signature)				(Date)	
Please retain a photocopy of this form for your records and mail the original to:			Kishwaukee College Attn: Math and Science Division		

21193 Malta Road Malta, IL 60150