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 January 31.

INFORMATION RELEASE – *Complete this section before giving to the counselor.*

I, the undersigned, hereby request that all data in support of my application to the Kishwaukee College Academy to be available to Kishwaukee Admissions Office.

Applicant Signature Date

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.

Parent/Legal Guardian Signature Date

I, the undersigned, hereby waive my right to review any comments or information included in this evaluation form or their supporting documents. (optional)

Applicant Signature Date

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)

Parent/Legal Guardian Signature Date

APPLICATION RECOMMENDATION

Legal Name of Applicant (Last, First, Middle)	Current Grade Level

- ☐ **Has completed one year of Chemistry with a grade of "B" or better**
- ☐ **Has completed Pre-Calculus/Trigonometry with a grade of "B" or better**
- ☐ **Currently taking Chemistry**
- ☐ **Currently taking Pre-Calculus/Trigonometry**

School Name

Please attach a statement of recommendation for this applicant. Discuss this applicant's personal/academic attributes that will contribute to his/her success in the Kishwaukee College Academy. Attach additional sheets if necessary.

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: MSM Division
21193 Malta Road
Malta, IL 60150