

Recommendation Form From Counselor, Advisor, Dean or Teacher

This student is applying for enrollment in AMERICAN COLLEGIATE ADVENTURES, a summer enrichment program for teens. The student has requested your recommendation for enrollment in this program. At AMERICAN COLLEGIATE ADVENTURES, INC., we value your input. Your recommendation plays a major role in our admissions process. Please complete this recommendation form at your earliest convenience. **Please email this form to info@acasummer.com.**

School Name _____

School Address: Street _____ City _____ State _____ Zip _____

Student's Name _____ Present Grade _____ Date _____

I have known this student for _____ years. Email _____ Phone _____

Evaluation

	Excellent	Above Average	Average	Below Average	No Basis
Academic Achievement	☐	☐	☐	☐	☐
Academic Motivation	☐	☐	☐	☐	☐
Academic Creativity	☐	☐	☐	☐	☐
Academic Self-Discipline	☐	☐	☐	☐	☐
Academic Growth Potential	☐	☐	☐	☐	☐
Leadership	☐	☐	☐	☐	☐
Self-Confidence	☐	☐	☐	☐	☐
Concern for Others	☐	☐	☐	☐	☐
Energy Level	☐	☐	☐	☐	☐
Social Maturity	☐	☐	☐	☐	☐
Emotional Maturity	☐	☐	☐	☐	☐
Potential to Succeed in a Four-Year College	☐	☐	☐	☐	☐

Counselor, Advisor, Dean or Teacher (circle one):

Print Name _____

Signature _____ Date _____

I recommend this student ☐ Enthusiastically
☐ Strongly
☐ Fairly Strongly
☐ With Reservation

Additional Comments (Use separate sheet if necessary.)

Note: This recommendation will be used exclusively in the evaluation process for AMERICAN COLLEGIATE ADVENTURES and will be kept strictly confidential from both students and parents.

For additional information about this program, please call our office at 773-342-0200 worldwide.

Transcript Release Form

Part A: To the Applicant

Please complete the following form and then present this information to your school guidance counselor. AMERICAN COLLEGIATE ADVENTURES suggests that you urge your counselor to email this form along with your official transcript to our office immediately.

Name of Student: Last _____ First _____ Middle _____

Home Address: Street _____ City _____ State _____ Zip _____

Date of Birth _____ Sex _____ Social Security # _____

I (Student's Name) _____ authorize my transcript to be sent to AMERICAN COLLEGIATE ADVENTURES, INC., for the purpose of review and admittance into the AMERICAN COLLEGIATE ADVENTURES, INC., pre-college enrichment programs. For further details about specific programs, please visit us at www.acasummer.com.

Student Signature _____ Date _____

Parent(s) Signature _____ Date _____

Part B: To the Guidance Counselor

The above-named student is applying to AMERICAN COLLEGIATE ADVENTURES, a summer enrichment program designed to prepare the student for the academic challenges and personal growth. Some ACA programs can earn participants college credit or enrichment credit and will help the student's transition into college life. If you would like further information regarding the AMERICAN COLLEGIATE ADVENTURES programs, please contact our office at 773-342-0200 worldwide.

Instructions: Email an official transcript for the above student to info@acasummer.com

All transcript contents and information are kept personal and confidential.

AMERICAN COLLEGIATE ADVENTURES, INC.
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