



# Counselor/Teacher Recommendation Form

<b>To be completed by student (all fields required):</b> Student Name: _____ NSLC ID: _____ Student Country: _____ Student City/State: _____ Student phone: _____ Student email: _____	<b>To be completed by student (all fields required):</b> High School: _____ School Ceeb-Code (if known): _____ School Country: _____ Phone: _____ School State/City: _____ Recommender E-Mail Address: _____ Student Grad Year: _____ GPA: _____ scale of _____
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**To be completed by teacher, counselor or principal** (use additional paper if necessary):

1. How long and in what capacity have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do the student's grades reflect his/her ability and effort?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why would you recommend the applicant to the NSLC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the NSLC program and am familiar with the above student applying for admission. This student maintains a "B" or above average and has demonstrated leadership potential. I believe the above student would contribute to the diversity of the NSLC student body and the academic quality of the program. This student has the maturity to live on a university campus and work with other students in an academic environment. I hereby recommend this student for admission.

Name of Educator Recommending Student: \_\_\_\_\_ Title: \_\_\_\_\_

Educator Signature: \_\_\_\_\_

To the Student Applicant: Please send this completed *Recommendation Form* to:

Director of Admissions  
National Student Leadership Conference  
320 West Ohio Street, Suite 4W  
Chicago, IL 60654  
Phone: (800)994-6752 or (312) 322-9999 Fax: (312)765-0081 Email: [info@nslcleaders.org](mailto:info@nslcleaders.org)