



## Counselor or Teacher Grade Verification Form

**To be completed by student (all fields required):**

Student Name: _____	School Name: _____
NSLC ID: _____	School Ceeb-Code (if known): _____
Student Country: _____	School Country: _____ Phone: _____
Student City/State: _____	School State/City: _____
Student phone: _____	Lowest Grade Level in School: _____ Highest Grade in School: _____
Student email: _____	Counselor/Teacher Name: _____
Current Grade Year (6-12): _____	Counselor/Teacher E-Mail Address: _____
High School Grad Year (2019-2025): _____	_____
GPA: _____ scale of _____	

**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: \_\_\_\_\_

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)