

Texas A&M University
HIGH SCHOOL ENRICHMENT PROGRAM (HSEP)
Counselor Recommendation Form

Student Identification Information

Last Name _____ First Name _____ MI _____

D.O.B. ____/____/_____
MM / DD / YYYY

Student Profile

To be completed by High School Counselor or Principal

Please type or print in blue or black ink. Counselor must provide all information for application to be complete. Comments like "PLEASE SEE TRANSCRIPT" may disadvantage the student. **Deadline for receipt of ALL application materials, including this page, is July 1 for fall enrollment and November 1 for spring enrollment.**

High School:

_____ Name of School _____ City _____ State _____

High School Code: _____

Standardized Test Scores (highest one-day test scores in each category):

PSAT: _____ Verbal	SAT I: _____ Critical Reading	ACT: _____ English
_____ Math	_____ Math (200-800)	_____ Math
_____ Writing	_____ Writing (200-800)	_____ Writing

If student is retesting or if scores are not yet available, please note

SAT will be (re)taken _____ (date). ACT will be (re)taken _____ (date).

Counselor Recommendation Statement

This student's request has been reviewed, and his/her academic record and future academic goals are consistent with this request. This student has completed the appropriate coursework available in our school system up to this level, and the course requested for the HSEP is not available in our system.

Additional comments (if applicable): _____

Application Fee Waiver Request (if applicable): _____
Provide appropriate qualification for this request (SAT/ACT fee waiver/statement of need)

I recommend this student for acceptance into the TAMU High School Enrichment Program.

Name: _____ **Title/Position:** _____
Signature of Counselor or Principal

Phone: (____) _____ **Date:** _____

Please address application packets to:
Admissions Processing (HSEP)
TAMU
P.O. Box 30014
College Station, TX 77843-3014