COASTAL CAROLINA UNIVERSITY

Guidance Counselor Recommendation Form

(for freshmen only)

Instructions: Please attach the applicant's official transcript, including courses in progress, and, if available, a school profile and transcript legend. Then mail the application, application fee and transcript to: Coastal Carolina University, Office of Admissions, P.O. Box 261954, Conway, SC 29528-6054.

Student's nam	ie					
Cumulative gra	ade point avera	age	(on a scale of		
Rank		_ in a class of		Rank is	□ estimated	□ computed
► SAT I SCORES				► GRADING SCALE		
Date taken				,	A = 90 to 100)	
Verbal	Math	Writing	Total			
Date taken				B =		
		Writing				
► ACT SCORES				☐ Will Graduate		
		Composite	Composite		☐ Withdrew (Date)	
		Composite		☐ Gr	aduated (Year)
RECOMMENT Highly Recomment Recomment Do Not Recomment	ommended nd nded with Reso	ervations				
Counselor's na	ame	t or type)				
Office telepho	ne ()			_	
E-mail addres	s					
Date		CF	EEB/ACT Schoo	I Code		