

SHarP SCHOLARS PROGRAM

APPLICATION FOR GUARANTEED ADMISSION

University of Missouri

Clinical and Diagnostic Sciences Department

605 Lewis Hall, Columbia, MO 65211-4230

GUIDANCE COUNSELOR'S OR PRINCIPAL'S RECOMMENDATION

To Be Completed by the Applicant:

Last Name

First Name

Program

Choose one:

I hereby waive my right to see the contents of this recommendation.

I decline to waive my right to see the contents of this recommendation

Signature

Date

**The Family Educational Rights and Privacy Act (the Buckley Amendment) provides that, should the applicant wish, he/she will be entitled to inspect all records kept by the School of Health Professions, including the evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on the form.*

To Be Completed by the Counselor / Principal

Please complete both pages of this form and attach a copy of the applicant's **official** transcript and report of the student's performance on the American College Test (ACT) or Scholastic Aptitude Test (SAT). The Guidance Counselor's report will be available only to those involved in our admission process. Supplementary transcripts of the applicant's performance during the senior year should be sent as they become available.

Counselor's/Principal's Name

Title

High School Name: _____

School Address: _____

Street address, City, State, Zip

Telephone Number: _____ School's CEEB Code Number: _____

Length of time acquainted with applicant: _____

Grade point average to date is: _____ based on a scale with A = _____

The applicant's rank is _____ * in a class of _____ students.

Approximate percentage of the applicant's graduating class that plans to attend a four-year college? _____

**If no rank is available, please enclose information which allows the faculty to assess the applicant's academic strength in relation to fellow students.*

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In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to their indicated professional career (see Program indicated above)?

Check the appropriate number.

(1=Marginal; 3=Average; 6=Outstanding)

1 2 3 4 5 6

Please write a brief narrative concerning the applicant's academic and personal qualities and potential as an applicant for the SHarP Scholars Program. We are particularly interested in the student's character, maturity, independence, and values. This will provide added insight into the strengths and weaknesses of the applicant.

Signature

Date

Send this form, applicant's official transcript, applicant's ACT/SAT score and your narrative via:

Mail: SHarP Scholars Admissions
Clinical & Diagnostic Sciences Department
University of Missouri
605 Lewis Hall
Columbia, MO 65211

E-Mail: KoehnA@health.missouri.edu

Fax: (573) 884-1490