

**SONOMA STATE UNIVERSITY**  
**UPWARD BOUND PROGRAMS**  
**COUNSELOR RECOMMENDATION FORM**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO THE STUDENT:**

Before you submit this form to your counselor, your parent must sign the Transcript and Other Academic Records Waiver below.

**TRANSCRIPT AND OTHER ACADEMIC RECORDS WAIVER**

I hereby **authorize** my student's school to provide Sonoma State University's Upward Bound Program **copies of my student's academic records** during the application process.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO THE COUNSELOR:**

- This form can be completed and submitted online via our [web form](#) **OR** once you have completed and signed this form you can email it to [upwardbound@sonoma.edu](mailto:upwardbound@sonoma.edu).
- Upward Bound is designed to assist students in preparing for and enrolling in the four-year college/university of their choice. Students who show potential, but need motivation and/or academic assistance in order to succeed in college may be nominated.
- This Recommendation Form is very important in the evaluation and selection of students.
- Please be as specific as possible in your remarks.
- Recommendation Forms can be returned to the student or directly to our office.
- Application Deadline: **January 31st**

Recommender's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Based on your knowledge of the applicant, please answer the following questions. Write "unknown" if not known.

1. How long have you known the applicant? \_\_\_\_\_
2. Is the applicant classified as LEP (Limited English Proficiency) by the school?  Yes  No
3. School Attendance:  Excellent  Good  Fair  Poor
4. Does the applicant have any behavior issues that you are aware of?

5. What qualities best describe the applicant?
6. Upward Bound Programs is a huge commitment in terms of both time and academic dedication. Are you aware of any current circumstances or problems that may affect the applicant's commitment and/or performance in the Program (e.g., family responsibilities, educational preparation, health or emotional aspects, etc.)?
7. What is your assessment of the applicant's potential and motivation to succeed? What is your evaluation of the applicant's capability for undertaking college preparatory high school work?
8. Recommendation level for this applicant to be admitted to the Upward Bound Program:  
 Strongly Recommend     Recommend     Recommend with Reservation     Do not Recommend

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

Date: \_\_\_\_\_

***Please return to the applicant or directly to the Upward Bound office:***  
**Sonoma State University Pre-Collegiate Programs**  
**1801 E. Cotati Avenue**  
**Rohnert Park, CA 94928-3609**  
**Sonoma/Napa schools: (707) 664-3273 ♦ Piner High: (707) 664-2359**  
**Email: [upwardbound@sonoma.edu](mailto:upwardbound@sonoma.edu)**