

**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.
- Deadline: February 15th.

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?

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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.)?

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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?

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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  
Phone: (707) 664-3273 Fax: (707) 664-2886**