



## Undergraduate Day School Reference Form For High School Students Only

This form may be copied and completed by guidance counselor.

This is for high school students only. The applicant is to complete Part I then deliver to the counselor or principal at the high school now attending or most recently attended. Completed forms should be sent to the address on the bottom left side of this page.

### I. Student information

Applicant's name \_\_\_\_\_  
Last name First name Middle name

High School \_\_\_\_\_ Social security number \_\_\_\_\_

Significant school activities and special interests or abilities. List membership and offices held.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am applying for admission to Drury University and request that you complete this reference form and mail it to the address on the bottom left side of this page. You are authorized to release information from my official high school records as may be requested by Drury University.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

### II. Reference information

To be completed by high school counselor or principal. Students acceptance is contingent upon receipt of this form.

The counselor should send an official copy of the student's high school transcript with this form.

Student's rank \_\_\_\_\_ Class size \_\_\_\_\_ Student's G.P.A. (based on 4.0 scale) \_\_\_\_\_

Additional information which may be helpful, such as outstanding characteristics, probable financial needs or work experience \_\_\_\_\_  
\_\_\_\_\_

Specific statement concerning the applicant's fitness for acceptance by Drury University  
\_\_\_\_\_  
\_\_\_\_\_

Specific recommendation

Recommended  Not recommended  Prefer not to make recommendation

Estimate of applicant's future success at Drury University

Little success  May encounter difficulty  Average  Above average  Superior

### Return this form to:

Drury University  
Office of Admission  
900 North Benton Avenue  
Springfield, Missouri 65802

Phone: 417-873-7205  
Fax: 417-866-3873  
1-800-922-2274  
E-mail: druryad@drury.edu  
www.drury.edu

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_