



**STEMM TECHNICAL MIDDLE COLLEGE**  
**Counselor Recommendation Form**

**Student: Please complete this section before giving this form to your guidance counselor:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

In reference to the student indicated above, please provide the required information listed below directly to the STMC Program:

- Applicant's Cumulative GPA: \_\_\_\_\_
- HSA scores, standardized test scores, AP test scores
- High School Transcript
- Most recent grade report

Return this form and requested items to  
(a) HCC STMC Program  
11400 Robinwood Drive  
Hagerstown, MD 21742

Student's attendance record: ( ) Excellent ( ) Good ( ) Fair ( ) Poor  
 Student's motivation for enrolling in post-secondary education: ( ) High ( ) Medium ( ) Low  
 Does the student have limited English proficiency? ( ) Yes ( ) No

Is this student receiving any special accommodations or services? Please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

In your opinion, does this student have a need for academic support? Please briefly explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your perception of this student's academic potential? Include academic and social factors.  
 \_\_\_\_\_  
 \_\_\_\_\_

On the basis of academic potential/promise, how would you recommend this applicant?  
 ( ) Highly recommend ( ) Recommend ( ) Recommend with reservations ( ) Do not recommend

On the basis of character and personal promise, how would you recommend this applicant?  
 ( ) Highly recommend ( ) Recommend ( ) Recommend with reservations ( ) Do not recommend

Has the student ever been subject to school disciplinary action or suspension? ( ) yes ( ) no  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Guidance Counselor Name (print)

\_\_\_\_\_  
 Guidance Counselor Signature

\_\_\_\_\_  
 Date