## XAVIER UNIVERSITY of LOUISIANA

## COUNSELOR RECOMMENDATION FORM

## Office of Admissions Xavier University of Louisiana 1 Drexel Drive New Orleans, LA 70125

Email PDF copies to admissions@xula.edu

Student Name:  (print) Address:				(optional)					
Student Sig	ınature:			Phone:					
(print)				Title: School Code:					
School Add	ress:								
ACT	Composite	English	Math	Reading	Science	ELA	STEM	Weighted GPA Unweighted GPA GPA Scale	
SAT	Total	EBRW	Math	Readi	ng Writing	Math		Expected Graduation Date Class rank	Class size
Exc Considering	category under cellent g all attributes, ongly hts:	Above I recomm	e Average	A student:	nic record overage	В	ication will elow Averag	e Failure	mend
Recommender's Signature:						Date:			
Phone number:						Email:			