

THE BERKSHIRE INSTITUTE FOR CHRISTIAN STUDIES

P.O. Box 1888 • Lenox, MA 01240
Phone (413) 637-4673 • Fax (413) 637-4676

HIGH SCHOOL RECOMMENDATION AND TRANSCRIPT REQUEST

Name of Applicant _____ Address _____

I am applying to the Berkshire Institute for Christian Studies and request that this recommendation be completed and a transcript of my high school work be forwarded to the Institute. Thank you.

Date

Applicant's Signature

Recommendation of High School Counselor or Teacher:

- 1. In your estimation will the applicant be successful academically? Yes Probably No
- 2. In your estimation will the applicant be successful socially? Yes Probably No
- 3. Does the applicant have any handicaps of which the Institute officials should know in order to be of assistance following enrollment? Yes No If yes, please explain: _____

- 4. Do you have any reason to question the applicant's honesty or integrity? Yes No
If yes, please explain: _____

- 5. Applicant's rank in class: based on _____ semesters/quarters, exactly approximately
_____ in a class of _____.

Number

Number

Your lowest numerical grade of A _____ B _____ C _____ D _____

- 6. Would you recommend this student to be admitted to The Berkshire Institute for Christian Studies?

Recommend Recommend with reservations Do not recommend

- 7. Other comments: _____

Signature _____ Printed name _____

Title _____ Institution _____ Ph. (_____) _____

Address _____ City _____ State _____ Zip _____

Please do not return to applicant. Mail directly with transcript to: Director of Admissions
The Berkshire Institute for Christian Studies, P.O. Box 1888, Lenox, MA 01240