

2025 HBCU COLLEGE TOUR TEACHER/COUNSELOR/ADMINISTRATION FORM

INSTRUCTORS:

The student presenting this form to you seeks to attend the 2025 HBCU College Tour, March 16 - March 22, 2025. Please provide a rating for the following areas. Thank you in advance for your cooperation:

STUDENT'S NAME: _____

HIGH SCHOOL: _____

Excellent...Good.... Average.... Poor
(Please circle only one below)

Teacher Name: _____

1. Classroom Behavior	E	G	A	P
2. Ability to get along with others	E	G	A	P
3. Self-Control	E	G	A	P

Teacher Name: _____

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COUNSELOR:

This is to certify that the above student has a cumulative GPA of: _____ and an ACT Score of _____.

Counselor Signature: _____

Counselor Email Address: _____ Phone Number: _____

SCHOOL ADMINISTRATOR:

This is to certify that the above student has a total of _____ Disciplinary Referrals for this school year. Further, the student's school and instructors have been made aware of the dates and locations of the college tour should the student miss classes as a result of the student's participation on the tour.

Administrator Name: _____

Administrator Signature: _____