

Applicant _____

School _____

Circle discipline(s):

Dance Literary Arts Media/Film

Theatre Visual Arts Vocal Music

MISSISSIPPI SCHOOL OF THE ARTS

Principal/Counselor Recommendation

This form is to be submitted by Mississippi public school and non-public school students (not required of home-schooled students).

Applicant Directions: Complete and sign the top portion of this form and give it to your principal/counselor to complete the questionnaire and scale. Your principal/counselor will put this recommendation and your transcript in an envelope, sign across the flap, tape over the signature, and give the envelope to you to include in your application due by **February 1**.

I, the undersigned, hereby waive my right to review any comments or information in this recommendation and any supporting documentation that may be provided to MSA.

Applicant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Principal/Counselor Directions: The above named student is applying to the Mississippi School of the Arts, a public, residential high school for eleventh and twelfth graders. Your assessment of this student will be important in the selection process. We appreciate your thoughtful and insightful completion of this form. Place this recommendation; official transcript showing the applicant's **8th, 9th, and 10th grade first semester grades and GPA; ACT, PSAT, subject area test scores; ALL discipline records;** and any other standardized test scores in a sealed envelope, sign across the flap, and tape over the signature. Give the envelope to the student to include in the application (receipt deadline February 1). Please call MSA (601-823-1300) if you would like more information about the school.

Do numeric or letter semester grades for accelerated or advanced placement courses, as recorded on the transcript, include the weight? ____ Yes ____ No

School Address	Applicant's Current Grade
School Phone ()	School Fax ()
School District	County
Principal's Name (Print)	Counselor's Name (Print)

Type of School (please circle): Public Private Parochial

Under which type of schedule does your school currently operate (please circle)?

Traditional 6 periods Traditional 7 periods 4x4 Block Modified Block AB Block

What is your school's grading scale? (e.g., A=95-100)

A = _____ B = _____ C = _____ D = _____ F = _____

What is your school's Adv. Placement grading scale? (e.g., A=90-100)

A = _____ B = _____ C = _____ D = _____ F = _____

See reverse of this form for additional questions.

MISSISSIPPI SCHOOL OF THE ARTS

Principal/Counselor Recommendation

Please use the following criteria to evaluate the student by checking the appropriate box.

	Below Average	Average	Above Average	Superior
Self-Discipline: Is in control of self and not a discipline problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability: Is responsible and punctual unless ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity: Is ready to accept consequences of own decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Others: Relates well to peers and teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this student been suspended or expelled from any school at any time? (Please check one) ☐ Yes ☐ No

Please indicate any circumstances you are aware of regarding suspension/expulsion and provide the student's discipline record with this form. Note a history of this does not automatically disqualify a student unless it is withheld during the application and registration process. If the student has no discipline history, you can submit a report stating that. The discipline report should accompany this recommendation form.

Describe any unusual attributes of this applicant not covered in the rating scale. Note any admirable qualities or problem areas.

Please include any other comments and information you think will help the Admissions Committee make the best decision possible.

Counselor Signature _____ Date _____

I have reviewed this questionnaire and concur with the information provided. I certify the information provided is true and accurate. I understand failure to disclose information will result in disqualification from the admission process or dismissal from enrollment.

Principal Signature _____ Date _____