

McNEESE STATE UNIVERSITY

**RECOMMENDATION FOR FULL-TIME EARLY ADMISSION OF THE
HIGH-ABILITY STUDENT**

(Student's Full Name) Last First Middle (SS Number)

(Address) Street City State Zip Code Phone No.

High School Attended Address City State Zip Code

High School Grade Point Average _____
(High School must include six-semester transcript with this recommendation.)

American College Test (ACT) Composite Score _____

PLEASE NOTE: All colleges and universities under the jurisdiction of the State Board of Education will use this standardized recommendation form. An original signature of the high school principal will be required. This completed form will serve as a contract for the college or university, the high school and the student.

After the student earns 24 semester hours of University credits, the high school will issue a diploma. Then it is the responsibility of the student to see that the completed high school transcript showing the date of graduation is filed in the Registrar's Office for final validation of these credits.

Student's Signature

Date

Signature – High School Principal

Signature – University Registrar

Complete in Triplicate: One to be retained by the High School
One to be retained by the student
One to be sent to the University

The University will also require its regular Application for Admission to be submitted.

Please return this form and all supporting documentation to:

***Registrar's Office
McNeese State University
PO Box 91740
Lake Charles LA 70609***