

# Louisiana Tech University

## Recommendation of the High-Ability Student

Applying For Early Admission:

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_ *City State Zip*

Social Security Number \_\_\_\_\_

Enrolling Quarter:      Fall      Winter      Spring      Summer

Enrolling Year: \_\_\_\_\_

High School Attending \_\_\_\_\_

.....

*To be completed by High School Principal*

ACT Composite \_\_\_\_\_ SAT Composite \_\_\_\_\_

High School Grade Point Average \_\_\_\_\_

Recommendation Statement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Principal*

\_\_\_\_\_  
*Director of Admissions*