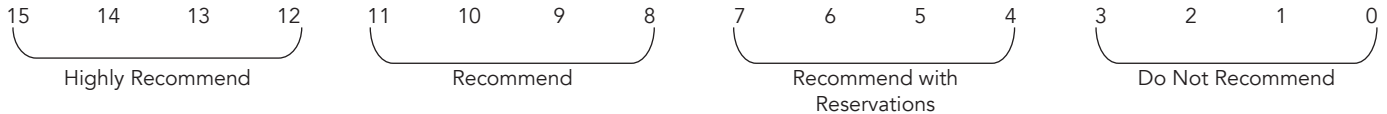


Student Name: _____
(no nicknames) (First) (MI) (Last)

Sending District: _____ School Year: _____

District Counselor and/or Transition Coordinator Recommendation – Indicate your overall assessment of applicant based on personal knowledge of student and the aforementioned data.



Comments: _____

Completed Application to Include:

- Online Application & Cover Sheet Completed by Counselor
- 8th and 9th Grade Transcripts or Report Cards with Attendance
- Student Discipline Record for the Previous Year
- 8th Grade PSSA scores
- Student Interest Essay (except for Service Occupations & 9th Grade Early Admissions)
- BCTC Admissions Agreement (completed by student & parent/guardian)
- Teacher Recommendations (2)
- Letters of Reference (2) (Medical Health Professions Applicants Only)
- PSAT Test Reports (Medical Health Professions Applicants Only)
- Non-Resident-Placement Agency Letter or PDE 4605 (if applicable)
- Medical Plan (if applicable)

AUTHORIZED DISTRICT REPRESENTATIVE - I have reviewed the selection criteria and scores provided for this applicant and verify their accuracy.

Printed Name	Signature
School District Position	Date

When completed, please deliver to BCTC’s East or West Campus or email to BCTCApps@berkscareer.com
 *Please note, if emailing documents, please save files as PDFs and use the following naming convention:
 FirstName_LastName2021 (ex. John_Doe2021.pdf)