

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.

5	4	3	2	1 - 0
Highly Recommend	Strongly Recommend	Recommend	Recommend with Reservations	Not Recommended

Comments: _____

Completed Application to Include:

- Online Application & Cover Sheet Completed by Counselor
- Previous Year's Final & Current Year Report Card with Attendance
- Student Discipline Record for the Previous & Current Year
- 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 from Science Teacher & School Counselor (2)
(Medical Health Professions Applicants Only)
- PSAT/Pre-ACT 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_LastName2023 (ex. John_Doe2023.pdf)