

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
  - No Discipline Reported
- 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](mailto: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)