

## **UDC CARE COUNSELOR RECOMMENDATION FORM**

\_\_\_\_\_ Summer 2023

\_\_\_\_\_ Fall 2023

\_\_\_\_\_ Spring 2024

<b>Counselor Information</b>			
<b>Counselor Name</b>	<b>High School</b>	<b>Email Address</b>	<b>Phone Number</b>

### **Counselor Agreement**

I acknowledge that \_\_\_\_\_ is a student at \_\_\_\_\_. I attest this student is prepared to handle the academic rigor of a college course at UDC, and I believe they will be a good fit for the program. I agree to remain in communication with the UDC CARE advisor throughout the duration of the semester to partner to support this student's success in the program.

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_