

Academic Recommendation Form

Applicant's Name _____ **Date of Birth** _____

Address _____

City _____ **State** _____ **Zip** _____

APPLICANT: Fill in the information requested below and forward one form with a stamped envelope addressed to the Admissions Office, 4210 Harding Pike, Nashville, TN 37205, to each respondent. Under the provisions of the Family Education Rights and Privacy Act, you have the right – if you enroll at Aquinas College – to review your educational records. The Act further provides that you may waive your right of access to see recommendations for admission. By signing below, you waive any right of access that you may have to this recommendation form.

APPLICANT'S SIGNATURE _____
DATE

RESPONDENT: The individual whose name appears above is applying for admission to Aquinas College. Evaluations of the applicant's potential are required as part of the application procedure and this individual requests that you write on his /her behalf. A standard format is provided for your use, but you may choose to attach a letter along with the form.

Name of Respondent _____

Institution _____

How long have you known the applicant? _____ In what capacity? _____

Rate the applicant in the areas indicated below by checking 4-Outstanding, 3-Above Average, 2-Satisfactory, 1-Below Average.

Skill	4	3	2	1	No Comment
Intellectual Ability					
Quality of Oral Communication					
Quality of Written Communication					
Problem Solving Ability					
Motivation and Energy					

Comments and Recommendation:

Indicate the strength of your overall endorsement of the applicant:

Highly recommended
 Recommended
 Recommended with reservations
 Not recommended

RESPONDENT'S SIGNATURE _____
DATE