

YOUR APPLICATION FOR ADMISSION

ACADEMIC/EDUCATIONAL RECOMMENDATION

PLEASE FILL IN YOUR NAME AND ADDRESS AND PRESENT THIS FORM TO A TEACHER OR COUNSELOR.

Applicant's name: _____
Last First Middle

Address: _____
Number and Street City State/Province Zip/Postal Code Country

RIGHT OF PRIVACY: According to the law, you have the right to examine any document in your admission file. If you wish to waive the right to review this form, sign below. Failure to waive this right will not be prejudicial to you.

Applicant's Signature _____ Date _____

TO THE PERSON COMPLETING THIS RECOMMENDATION:

This applicant is applying for admission to Calvin College. To help us make an appropriate admissions decision, please provide a full and candid report. **If you prefer**, feel free to submit a letter of recommendation instead of this form.

Based on your interactions and observations, please rate this student on the following:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN	COMMENTS
Motivation						
Self-reliance						
Potential for growth						
Intellectual curiosity						
Academic ability						
Relationships with others						
Character						
Relative maturity						
Integrity and values						
College readiness						

Additional comments or circumstances of which Calvin should be aware:

Would you recommend this student for admission to Calvin College? Yes No

Signature _____ Date _____

Print name _____ Title _____

School Name _____ Number and Street _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone: (_____) _____ Email: _____

Are you a Calvin alumnus/alumna? Yes No

Thank you for completing this recommendation. Calvin College admits students of any race, color and national or ethnic origin.

PLEASE SEND TO:

Admissions, Calvin College, 3201 Burton Street SE, Grand Rapids, MI 49546
FAX: 616-526-6777 **EMAIL TO:** admissions@calvin.edu