

Recommendation

Applicant:

Complete the information in the space below and submit it to a teacher or counselor of your choice. Please ask your teacher or counselor to enclose your recommendation in a sealed envelope with his or her name signed across the flap. Include your recommendation in your application packet.

PLEASE PRINT

--	--	--	--	--	--	--	--

U.S. Social Security Number

Date: _____

Name: _____
Last (Family)
First (Given)
Middle Initial

Address: _____
Number
Street
Apartment/Suite #

City
State
Zip
Country

Teacher/Counselor:

Cogswell College seeks self-motivated students who are strongly committed to learning and who are capable of taking full advantage of the College environment. Your full and candid evaluation of this applicant is an essential element in our consideration of this student's admission to Cogswell College. We request your ratings and comments on ability, potential, creativity, and character. Please complete this form (front and back) and return it to the applicant in a sealed envelope with your signature written across the flap. Feel free to attach any additional information that would assist us in the selection process.

Compared with other students in his/her class, please rate this student in terms of:

No Basis	Academic Ratings	Below Average	Average	Above Average	Outstanding
<input type="checkbox"/>	Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personality Ratings					
<input type="checkbox"/>	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Respect accorded by students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued on other side)

Evaluation:

1. How long have you known the applicant, and in what capacity?
2. What are the first words that come to mind to describe this applicant?
3. Please comment on the nature and quality of the applicant's academic work, intellectual depth or breadth, character, and personal qualities. How do you think the applicant would fare in a challenging environment such as Cogswell College?

Your Name (Please Print): _____

Subject(s) Taught: _____

Phone Number: () _____

Email: _____

Signature: _____ Date: _____