

ACADEMIC RECOMMENDATION

Applicant's Name _____

I ___ do ___ do not waive my right to see the completed Academic Recommendation.

Applicant's signature _____ Date _____

To the person serving as a reference, please complete and return as soon as possible to the Dean of the Theological School, Box 717, Bryn Athyn, PA 19009. (Please note that, by federal law, if the applicant does not waive his/her right of access to the Academic Recommendation, he/she may see it after it is submitted.)

Name of instructor _____

College/University _____

How would you rate this student's overall academic performance?

Superior () (Top 20%) Good () (Top 40%) Average () Poor ()

How do you rate the student as to: (Check)

	Excellent	Good	Fair	Poor
Creative, original, thought				
Written expression of ideas				
Motivation				
Maturity				
Ability to relate to others				

Comments (or use back of this sheet or an attached page):

Overall recommendation:

Highly Recommended () Recommended () Not Recommended ()

Prefer Not To Make a Recommendation ()

Signature _____ Dept. _____ Date _____