

Teacher's Recommendation First-Year Students

Please print or type.

To the applicant

Please return as soon as possible. Due date: _____

Complete the four lines below. Give this form, with a stamped envelope addressed to **Admissions Office, Earlham College, Richmond, Indiana 47374-4095**, to a teacher who has taught you in an academic subject.

Name of applicant _____
last first middle

Home address _____
number and street city state ZIP code

Secondary school _____
official name

_____ number and street city state ZIP code

Family Educational Rights and Privacy Act of 1974

Under the provisions of this Act you have the right, if you enroll at Earlham, to review your permanent educational records. This form will not be included as part of your permanent record. It will be read only by those persons with a legitimate interest in the admissions process, as determined by the Dean of Admissions.

To the teacher

This individual is applying for admission to Earlham. Your candid estimate of his or her academic performance, intellectual promise, and qualities as a person will help the Admissions Committee make final selections for the coming year's entering class.

Note: The following questions are intended merely as guidelines. We are much more interested in a complete report of whatever you deem important than in a specific format. If you would prefer to send your report in another form (for example, a letter or photocopied summary), please feel free to do so, but you should attach it to this form. Please do not hesitate to contact us if we can be of assistance to you. We can be reached by phone at the following number, toll-free: 1-800-EARLHAM (1-800-327-5426). Thank you for your help.

1. How long have you known the applicant? _____

2. In what subject(s) have you taught him or her? _____

3. How would you compare the applicant to his or her entire class? (Please check the **single** most appropriate box.)

	Outstanding (top 5% this year)	Excellent (next 10% this year)	Good (above average)	Average	Below Average	No Basis for judgment
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Respect from teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete reverse side.

In the space below, please give us your candid estimate of the following: the nature of the applicant's intellectual qualities and academic abilities, emphasizing both strengths and weaknesses; the applicant's character and personal strengths and weaknesses; any special talents or interests the applicant may have; and any additional observations that you believe would be relevant. We are especially interested in any special circumstances or background information that might give us added insight as we consider this application. You need not list activities, as the student will have provided us with such a listing in the application.

Signed _____ Date _____

Please print name _____ School _____

Title _____ Telephone (_____) _____

E-mail _____ Fax _____