

SECONDARY SCHOOL TEACHER/ OFFICIAL RECOMMENDATION

TO BE COMPLETED BY THE STUDENT

Applicant: Please complete this section and then give this form to the appropriate individual.

Applicant's **legal** name Last name (surname) First name Middle initial

Mailing Address

Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see letters written on your behalf for admission.

I waive my right of access to this recommendation written on behalf of my candidacy for admission.

Applicant's signature

Date

TO BE COMPLETED BY THE SECONDARY SCHOOL OFFICIAL

NOTE: THIS STUDENT'S APPLICATION WILL NOT BE EVALUATED UNTIL WE HAVE RECEIVED YOUR RECOMMENDATION FORM.

The above student is applying for admission to Taylor University. We value your comments and request that you give a full and candid report so that fair consideration may be given to the applicant. **Please be as realistic as you can in comparison with other college-bound students.** If necessary, please solicit input from the student's classroom teachers.

STUDENT ASSESSMENT

1. Please comment on the above student's academic preparedness for college (including self-discipline, intellectual ability and creativity.)

2. What should we know about this student that the grade report does not tell us?

3. Based on the information above, my recommendation of this student for academic promise is:

High	Above Average	Average	Low	Not at all
(with enthusiasm)	(satisfactory)	(competent)	(with reservations)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return this page to Taylor University along with:

- a current official secondary school grade report
- a certified true copy of any examination certificates

Name (Please print)

Date

Signature

Position

School

Telephone

School address

School e-mail address

Are you an alumnus of Taylor University? ☐ Yes ☐ No

Year of graduation _____

Are you aware of any Taylor University graduates who are teaching in your school? Please indicate their names and positions.

TAYLOR UNIVERSITY MISSION STATEMENT

Taylor University is an interdenominational evangelical Christian institution educating men and women for lifelong learning and for ministering the redemptive love of Jesus Christ to a world in need. As a Christian community of students, faculty, staff and administration committed to the Lordship of Jesus Christ, Taylor University offers post-secondary liberal arts and professional education based upon the conviction that all truth has its source in God.

Thank you for taking the time to complete this form. Your observations will assist us in our evaluation of the applicant. Please return to:



Office of Admissions
236 West Reade Avenue
Upland, Indiana 46989-1001
800 882.3456 ♦ 765 998.5511
FAX 765 998.4925
www.tayloru.edu
admissions_u@tayloru.edu