

AUSTIN COLLEGE

TEACHER/PROFESSOR RECOMMENDATION FORM

Return completed form to:

Austin College

Office of Admission

900 North Grand Avenue, Suite 6N

Sherman, Texas 75090-4400

Phone: (903) 813-3000

Or use our toll-free number: 1-800-442-5363

FAX: (903) 813-3198

E-mail: admission@austinc.edu

Web site: www.austinc.edu

To be completed by the student:

Student's Name

Student's Address

City

State

Zip

Social Security Number

I am applying under the following admission plan:

- ☐ Early Decision
December 1
- ☐ Early Action I
December 1
- ☐ Early Action II
January 15
- ☐ Rolling Admission
March 1 recommended
- ☐ Transfer

I/we ☐ **waive** ☐ **reserve** the right to review this recommendation after it has been completed.

Signature of Applicant

Signature of Parent/Guardian

All admission credentials for applicants must be received in the Office of Admission by one of the following deadlines:

Freshman Applicant Deadlines

- Early Decision (binding) – December 1
- Early Action (non-binding) – December 1 (*Early Action I*) or January 15 (*Early Action II*)
- After January 15, applicants will be considered on a rolling basis (*March 1* is the recommended deadline)

Transfer Applicant Deadlines

- Spring Semester – *January 15*
- Fall Semester – *August 1*

To the applicant:

Please provide the person making this recommendation with a stamped envelope addressed to the Office of Admission.

To the teacher or professor: The Admission Committee reads this form carefully and considers your comments to be an important part of our evaluative process. Admission to Austin College is very selective with three to four times as many applicants as places in the entering class. The ideal applicant has a high degree of academic aptitude and motivation, and a desire to be an involved member of a strong academic community of 1,200 students. We thank you for your cooperation on behalf of this candidate and recommend that before completing this form you note whether the student has waived his or her right to review this recommendation form.

Please describe the qualities and characteristics of the student which you believe will affect his or her success at Austin College. Address both strengths and weaknesses of the candidate. You may attach an additional sheet if needed or provide your own prepared statement.

1. Which course(s) have you taught this student?

2. How long have you known this student, and how well do you know this student?

3. Based on your own observations, please evaluate the student's intellectual abilities and academic performance.

RATINGS

To the teacher: Compared to other college-bound students you have taught, check how you would rate the applicant.
To the professor: Compared to other students you are teaching, check how you would rate the applicant.

| | No Basis for Judgement | Below Average | Average | Good (above avg.) | Excellent (top 10%) | Exceptional (top 2-3%) | One of the top few I have ever encountered |
|-----------------------------|---------------------------|------------------|---------|----------------------|------------------------|---------------------------|--|
| Academic motivation | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Academic achievement | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Academic growth potential | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Written expression of ideas | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Effective class discussion | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Disciplined study habits | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Self-confidence | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Sense of responsibility | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Emotional maturity | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Personal initiative | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Please provide any comments that you would like us to consider (e.g., your relationship with this student, level of academic challenge, or competition at your school).

Please provide any additional information about the student which you would like to share (e.g., his or her interests, family situation, conduct).

How familiar are you with Austin College? ☐ Very ☐ Somewhat ☐ Not at all

Name of person completing this form (please print): _____

Your position (title): _____

Name and address of high school/college: _____

Phone: _____

Signature: _____ Date: _____