



DETACH AND RETURN TO:
FRANKLIN COLLEGE
OFFICE OF ADMISSIONS
501 EAST MONROE STREET
FRANKLIN, IN 46131

This section is optional. However, we believe that as a parent you will be able to provide some insight into your son or daughter's background, interests, personality and aspirations. You can use the back of the form if necessary. When this recommendation is completed, return it as soon as possible to the address listed above.

Student's name: _____
Last First Middle

1.) What character and personality traits do you consider most outstanding and representative of your son or daughter?

2.) Both academically and socially, how does your son or daughter need to grow?

Parent's signature: _____ Date: _____

Parent's name: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ ZIP code: _____ County: _____