

GUSTAVUS educator recommendation



Gustavus Adolphus College is an undergraduate, coeducational, liberal arts college affiliated with the Evangelical Lutheran Church in America. Our 2,500 students come from 41 states and 17 foreign countries. The middle half of a typical entering class will have ACT scores ranging from 23 to 28, SAT scores between 1100 and 1340, and a grade point average between 3.30 and 3.85. Seventy-seven percent of entering first-year students will graduate in four years. Students transferring to Gustavus must have a cumulative GPA of 2.4 on a 4.0 scale. You can find more information about Gustavus Adolphus College on the World Wide Web at <http://www.gustavus.edu>.

Transfer Applicant:

Legal Name: _____
Last First Middle Preferred Name

Address: _____

City: _____ State: _____ ZIP: _____

Social Security No.: _____ - _____ - _____ Current College or University: _____

Instructions:

We are primarily interested in hearing whatever you think is important about the applicant's academic and personal qualifications for Gustavus. Please submit this recommendation promptly. A photocopy of another recommendation you have prepared on the student's behalf is acceptable.

Confidentiality:

We value your comments highly and ask that you complete this form with the knowledge that it may be retained in the student's file should the applicant matriculate at Gustavus. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files which may include forms such as this one. Gustavus does not provide access to admission records to applicants, those students who are denied admission, or those students who decline an offer of admission. It is the policy of Gustavus Adolphus College to comply with all laws and regulations governing the provision of equal employment and equal educational opportunities.

_____ This recommendation may be maintained in the applicant's file.

_____ This recommendation is to be used only in the admission process and should be removed once the process is complete.

Please return this form to the Admission Office in the envelope provided for you by this student. Please print or type.

Your Name: _____

Address: _____

Home Telephone (optional): (_____) _____ Work Telephone (optional): (_____) _____

Background Information:

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

Please complete both sides of this form.

Evaluation:

Please feel free to write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will help us to differentiate this student from others.

Ratings:

Check how you would rate this student in terms of academic skills and potential compared to other students whom you have known:

		Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encountered in my career
No basis							
	Intellectual ability						
	Academic achievement						
	Motivation						
	Independence, initiative						
	Potential for growth						
	Disciplined work habits						
	Leadership						
	Sense of humor						
	Concern for others						
	Warmth of personality						
	Sense of responsibility						
	Respect accorded by peers						
	SUMMARY EVALUATION						

Signature: _____ Date: _____