

GUSTAVUS

GUSTAVUS ADOLPHUS COLLEGE

CANDIDATE RECOMMENDATION

To the candidate:

Please fill out the top portion of this recommendation and give it to a person acquainted with your personal and academic qualifications.

Candidate's Name: _____
Last First Middle

Mailing Address: _____

Name of School or Institution: _____

Address: _____

To the person completing this form:

The student named above is applying for admission to Gustavus Adolphus College and has given your name as a personal reference. Your prompt reply is appreciated since the application will not be evaluated without your appraisal.

1. How long have you know this applicant? How would you describe this student's academic ability and motivation?
2. How do this student's intellectual characteristics compare with those of his/her peers?

(over)

Extraordinary People. Extraordinary Place.

Office of Admission
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Telephone: (507) 933-7676 • Fax: (507) 933-7474 • www.gustavus.edu

3. If you are familiar with this student's extracurricular activities, please assess his/her talent, dedication and leadership ability.

4. We would welcome any additional comments you think might be helpful to us.

5. How would you evaluate the student's knowledge of English?

	Poor	Fair	Good	Excellent
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How would you compare this student to his/her peers?

	Below Average	Average	Above Average	Excellent
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed

Date

Please print your name

E-mail

Position/Occupation

Institution/Business

Address

Telephone