
TEACHER/PROFESSOR RECOMMENDATION

LINFIELD COLLEGE

Office of Admission • 900 SE Baker Street • McMinnville, OR 97128-6894

(503) 883-2213 • (800) 640-2287

E-mail: admission@linfield.edu • Fax: (503) 883-2472

Please complete this form and submit to:

Office of Admission

Linfield College

900 SE Baker Street

McMinnville, OR 97128-6894

(Applicant: Please check one)

Please mail by: ____ November 15, 20____

Please mail by: ____ February 15, 20____

Please mail by: ____ April 15, 20____

Please fill out the top portion of this form and give it to a college faculty member for completion.

Candidate's name: _____

Mailing address: _____ Telephone: () _____

I understand that I will waive access to this form: _____

Applicant's signature

THIS PORTION TO BE COMPLETED BY A PROFESSOR

Name: _____ Telephone: () _____

Position title/subject taught: _____ Years I have known the candidate: _____

College/University: _____

The candidate listed above is applying to Linfield College. In order for the Admissions Committee to consider his/her application, this credential must be completed. Please complete the following information and then on the reverse side provide any written comments, recommendations or concerns. Thank you for your time and assistance.

NO BASIS		BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	ONE OF THE TOP FEW
	Creativity					
	Motivation					
	Initiative					
	Intellectual ability					
	Academic achievement					
	Written expression					
	Class discussion					
	Work habits					
	Ability to work with others					

Please complete both sides of the form.

EVALUATION

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

Additional comments: (please attach additional sheets - *on official school letterhead* - if needed)

Signed: _____ Date: _____

We value your comments and your honesty as you assist us in evaluating this student. We have requested that all applicants sign the release at the top of this Teacher recommendation waiving the right to access this form even if they decide to matriculate at Linfield College. Furthermore, under no circumstances will the college provide this information to applicants, those students denied admission, or those students who decline an offer of admission. Linfield College is committed to administer all educational policies and activities without discrimination on the basis of race, color, age, religion, sexual orientation, national or ethnic origin, disability or gender.