

Applicant Information

Fill in your name and address below; then give this form and a stamped envelope, addressed to Albright College, to a professor who has taught you.

Student's name _____ Social Security # _____
(last/family) (first) (middle name) (Jr., etc.) (optional)

Address _____
(street) (city) (state) (country, if not U.S.) (zip code)

Professor

We are grateful for your assistance on behalf of this applicant. We are interested in what you think is important about the applicant's academic and personal qualifications for college. If you prefer, you may submit a letter of recommendation in lieu of this form.

Professor's name (please print or type) _____

College/University _____ City & state _____

Position/Department _____ Telephone # (_____) _____

Background Information

List the course(s) you have taught this student: _____

How long have you known the applicant, and in what context? _____

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

Rating

	Outstanding (Top 2 - 3%)	Excellent	Good	Average	Below Average	No Basis for Judgment
Creative, Original Thought						
Motivation						
Independence, Initiative						
Intellectual Ability						
Academic Achievement						
Written Expression of Ideas						
Effective Class Discussion						
Disciplined Work Habits						
Potential for Growth						

(over, please)

We welcome information that will help us to differentiate this student from others. Please write whatever you think is important about this student, including a description of academic and personal characteristics.

College or University Information

I recommend this candidate for admission to Albright College:

	Enthusiastically	Strongly	Fairly Strongly	Without Enthusiasm
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Is there anything else you would like to add that would help us to evaluate the student's academic qualifications and potential for success? No Yes If yes, where and when can you be reached?

Phone: (_____) _____ Best time to call: _____
(area code)