



**THIS SECTION TO BE COMPLETED BY STUDENT**

After completing this section, ask a teacher or professor who has taught you in an academic subject in the last two years to complete the bottom part of this form and mail it to the Office of Admissions by the appropriate deadline.

Student's Full Name _____	Student's Social Security Number _____	Student's Home Phone _____
Student's Street Address _____	City _____	State _____ Zip _____
Name of High School or College/University _____	City _____	State _____ Zip _____

**Student Waiver**

I waive my right to future access to this document.     I do not waive my right to future access to this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY RECOMMENDER**

This form will be used for both admission and scholarship decisions.

How long have you known this student? \_\_\_\_\_

In what class(es) did you teach this student? \_\_\_\_\_

What grade(s) did this student earn in your class(es)? \_\_\_\_\_

Do you know this student in a capacity outside of the classroom?     Yes     No

If yes, please explain. \_\_\_\_\_

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

Complete the evaluation below and write a letter of recommendation for the applicant. Base your evaluation on a comparison of this student with *all other students you have known*. If you are not qualified to rank the student on a characteristic, indicate that in the appropriate column.

Characteristics	Top 5%	Top 10%	Top 25%	Top 50%	Below Average	No Opportunity to Observe
Oral Expression						
Written Expression						
Maturity						
Dependability						
Integrity						
Perseverance						
Initiative						
Overall Evaluation						

(Continued on back)

## LETTER OF RECOMMENDATION

You may write your letter in this space or attach it to this form. Your evaluation of this student will be very important in helping us determine whether to offer this student admission and to consider him or her for scholarships. We are particularly interested in the candidate's intellectual promise, enthusiasm, special talents, and performance in the classroom. Please call us if you have any questions at (800) 872-6798 or (859) 233-8242 or send email to [admissions@transy.edu](mailto:admissions@transy.edu).

I highly recommend this student.

I recommend this student.

I recommend *with reservation*.

I do not recommend.

Mr.    Mrs.

Ms.    Dr. \_\_\_\_\_ Title \_\_\_\_\_

School Name and Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Office Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

**Return to:** Transylvania University, Office of Admissions, 300 North Broadway, Lexington, KY 40508-1797