TRANSYLVANIA UNIVERSITY
TEACHER'S OR PROFESSOR'S EVALUATION AND RECOMMENDATION

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.

❑ 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

_____ Office Phone (_____) _____
State Zip Code

Signature _____ E-mail _____

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