

# AUGUSTANA

## RECOMMENDATION FORM

Please fill in the information below and give this form to your teacher or appropriate school official.

Applicant Name (Last, First, Middle) \_\_\_\_\_

Mailing Address (Street) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

### To the teacher or other high school official:

Thank you for taking the time to complete this Recommendation Form. Please check the appropriate box in each category. We invite you to provide any additional comments that may be helpful to our admission committee.

	EXCELLENT	GOOD	AVERAGE	BELOW AVG.	NO BASIS
Academic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Communicate Orally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Communicate in Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Appraisal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Teacher/School Official Name and Title \_\_\_\_\_

Teacher/School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments (Use back or attach additional sheets, if needed.):

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605.274.5516  
800.727.2844  
FAX 605.274.5518



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