



RECOMMENDATION FORM

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

Applicant Name _____

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 response in each category, comparing this student to others in his or her class.

	NA	BELOW AVERAGE	AVERAGE	VERY GOOD (TOP 25%)	EXCELLENT (TOP 10%)	ONE OF THE TOP I'VE ENCOUNTERED (TOP 1%)
Academic Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Promise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Productive Class Discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect Accorded by Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<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"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Setbacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative, Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL	<input type="radio"/>	<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 _____

Evaluation. Please share with us what you feel is important about this student. Include descriptions of academic and personal characteristics demonstrated to you in or out of a classroom environment. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)

Please mail to: Augustana University Office of Admission * 2001 S Summit * Sioux Falls, SD 57197
or fax: 605.274.5518 or scan and email to: admission@augie.edu