



# College Instructor's Reference Form

Name of Student (please print) \_\_\_\_\_

Permanent Address \_\_\_\_\_

College or University \_\_\_\_\_

College or University Telephone Number (     ) \_\_\_\_\_

## Applicant Instructions

Fill in the above information and give this form, with a stamped envelope addressed to Office of Admission, University of Mount Union, 1972 Clark Ave., Alliance, Ohio 44601, to a college instructor who has taught you an academic subject.

## Instructions

The student named above is applying for admission to the University of Mount Union. The Admissions Committee finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college. Please submit your reference promptly. A photocopy of this reference is acceptable. We are grateful for your assistance.

## Confidentiality

Materials submitted in support of an application for admission to the University of Mount Union are used only by those members of the Admissions Committee and university staff charged with the responsibility of admissions decisions. Each person given access to the materials is instructed to maintain strict confidentiality. Mount Union does not provide access to admissions records to applicants who are denied or to those students who decline an offer of admission. In accordance with the Family Education Rights and Privacy Act of 1974, however, matriculating students do have access to their permanent files which may include forms such as this one. Since we value your comments highly, we ask that you complete the form in the knowledge that it may be retained in the student's file, should the candidate matriculate at the University of Mount Union. Again, thank you for your cooperation.

## Background Information

How long have you known the applicant? \_\_\_\_\_

Note any capacity in which you have known the applicant outside the classroom (advisor, family friend, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List the courses in which you have taught the applicant, noting the applicant's grade or other evaluation results.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Academic Skills and Potential Ratings

Compared to other students, check how you would rate the applicant.

	Outstanding (Top 2 or 3%)	Excellent (Top 10%)	Good (Above Average)	Average or Below	No Basis for Judgment
Creative, original thought					
Independence, initiative					
Intellectual ability					
Academic achievement					
Written expression of ideas					
Effective class discussion					
Disciplined work habits					
Leadership potential					
Relative maturity					
Peer relationships					
Summary evaluation					

## Evaluation

1. What are the first words which come to mind to describe the applicant? \_\_\_\_\_

\_\_\_\_\_

2. Academic characteristics:

\_\_\_\_\_

\_\_\_\_\_

3. Personal characteristics: \_\_\_\_\_

\_\_\_\_\_

Please forward this information to the Office of Admission at the University of Mount Union.

Our policies require that this form be signed and dated prior to the processing of the application.

Signature \_\_\_\_\_

Please print name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_