Teacher Reference Form

Please type or print

Name of Candidate ____________________________

Last First Middle

Candidate's Address ____________________________

City ____________________________ Postal Code ____________________________ Country

School ____________________________

School's Address ____________________________

Applicant Instructions

Please fill in the above information and give this form, with a stamped envelope to a teacher or professor and ask that it be completed and sent as soon as possible to the Office of International Recruitment and Admission, University of Mount Union, 1972 Clark Ave. Alliance, OH 44601, U.S.A.

Teacher Instructions

The student named above is applying for admission to the University of Mount Union. The Admission 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. The personal information requested below will supplement the student’s test results and academic record. If you prefer to write a personal letter or explain in further detail the evaluation you have made, please use the back of this form.

Materials submitted in support of application for admission to the University of Mount Union are used only by those members of the Admission Committee charged with responsibility of admission decisions. Each person given access to the materials is instructed to maintain strict confidentiality. Mount Union does not provide access to admission records to applicants who are denied, or those students who decline an offer of admission. In accordance with the Family Educational 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.

Please submit your reference promptly. We are grateful for your assistance.

Academic Skills and Potential Ratings

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

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<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Unknown</th>
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<td>Intellectual Ability</td>
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<td>Academic Motivation and Potential for Growth</td>
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<td>Independence and Initiative</td>
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<td>Character</td>
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<td>Emotional Maturity</td>
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Evaluation

Other comments (optional)

Background Information

How long have you known the applicant? ________________________________________________________________

What is your relationship to the applicant? _____________________________________________________________

Name (please print) _____________________________________________________________

Title _____________________________________________________________

School _____________________________________________________________

Signature __________________________ Date __________________________

Please return the completed form directly to:
Office of International Recruitment and Admission, University of Mount Union
1972 Clark Ave., Alliance, OH 44601-3993, U.S.A.