



Gateway Recommendation Form

Office of Admissions

600 Lincoln Ave. Charleston, IL 61920. (217) 581-2223 office. (217) 581-7060 fax

1. Name of student (print): _____ **Last 4 digits of SS# :** XXX-XX-_____

To the evaluator: Please rate the candidate on the following characteristics and answer the questions.

Personal comments can be typed or handwritten in the space below. This evaluation will become part of the student's admission file. Please return or fax the completed reference form directly to the Office of Admissions at the address above. We may contact you for further information.

Characteristic	Excellent	Above Average	Average	Poor	Unable to Rate
Academic Ability					
Attitude					
Initiative					
Oral Communication					
Potential for Success					
Problem Solving					
Reading Comprehension					
Quality of Writing					

How long have you known the student? ____ year(s) ____ month(s)

In what capacity (teacher, counselor, etc.) do you know the student? _____

How well do you know the student? ___ Very Well ___ Fairly Well ___ Casually ___ Unable to Rate

Would you please address this student's academic preparedness/motivation to be successful in college? (attach additional sheet if necessary)

Signature of person completing form: _____ Date: _____

Name (print): _____ Position/Title: _____

Institution/Affiliation name: _____

Email address: _____ Phone: _____