



Admissions Recommendation Form

Office of Admissions
 600 Lincoln Ave. Charleston, IL 61920
 Email: admissions@eiu.edu
 Office: (217) 581-2223 / Fax: (217) 581-7060

1. Name of Student (print): _____ **Date of Birth:** _____

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 admissions file. Please email, mail, or fax the completed reference form to the Office of Admissions. 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? _____ Subject: _____

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

Please address this student's academic preparedness / motivation to be successful in college:

Signature of person completing form: _____ **Date:** _____

Name (print): _____ **Position/Title:** _____

Institution/Affiliation name: _____

Email address: _____ **Phone #:** _____