



Admissions Recommendation Form

Office of Admissions

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

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 return or fax the completed reference form directly to the Office of Admissions at the above address. 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

Would you 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 #:** _____