

TEACHER RECOMMENDATION

Required of home-schooled students only.

To the Applicant

Student's Name: _____
LAST FIRST MIDDLE

Home Address: _____
STREET/P.O. BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

I waive my rights to see this form. I do not waive my rights to see this form.

Signature: _____ Date: _____

To the Teacher

Your Name: _____
LAST FIRST MIDDLE

Institution: _____

Address: _____
STREET/P.O. BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Email: _____ Phone: () _____

Please list the courses you have taught this student:

How long have you known this student and in what capacity?

Compared to other college-bound students whom you have taught, how would you rate this student in the following areas?

	NO BASIS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	TOP 10%	TOP 1%
Creativity/original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Student Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe this student?

If you have any general comments about this student, or elaboration of your responses, please share them with us on the back of this page.

Signature: _____ Date: _____

Thank You for Your Time!

Please return the completed form to: Admissions Office
Bryn Athyn College · 2945 College Drive, P.O. Box 462 · Bryn Athyn, PA 19009 USA
Phone: 267.502.6000 · Fax: 267.502.2593 · www.brynthyn.edu