

BRYN ATHYN COLLEGE

RECOMMENDATION FORM

Applicant

Student/Applicant Name: _____

Student/Applicant Email: _____ Phone: _____

Counselor/Advisor or Teacher

Recommender Type (select one): Counselor/Advisor Teacher

Your Name: _____

Title: _____ Institution: _____

Address: _____

STREET

P.O. BOX/APT. NO.

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

Email: _____ Phone: _____

How long have you known the applicant? _____

In what context have you known the applicant? _____

What are the first words that come to mind to describe the applicant? _____

Please indicate your level of recommendation for the student below.

ENTHUSIASTIC

STRONG

FAIRLY
STRONG

WITH
RESERVATIONS

PREFER NOT TO
RECOMMEND

Academic promise

Character and personal promise

Overall consideration

Please provide any additional recommendation of, or concern regarding the applicant:

Signature: _____ Date: _____