

ACADEMIC RECOMMENDATION FORM

To the Student/Applicant: This form should be completed by your Dean of Students, college counselor, advisor, teacher, or professor. If you are not currently attending school, this form should be completed by one of the above at the last school attended.

TO BE COMPLETED BY APPLICANT

FULL NAME

Last

First

Middle

Home phone number () _____ Email address _____

High school/College currently attending _____

Privacy Notice: The Family Education Rights and Privacy Act (FERPA) allows you to have access to your evaluation after you matriculate unless one of the following occurs:

1. The college or university does not save evaluations after matriculation
2. You waive your access rights below

Yes, I DO waive my rights to access this evaluation

No, I DO NOT waive my rights to access this evaluation

My signature below authorizes all schools I attended to provide all requested records and allow review of my application for the admission process chosen on my application.

SIGNATURE OF APPLICANT

DATE

TO BE COMPLETED BY THE RECOMMENDER

The person named above is an applicant for admissions to an undergraduate program at Holy Names University. To evaluate the applicant, please answer the following questions. We appreciate your insights and participation in the process.

Name _____

Position/Title _____

School _____

School Address _____

Daytime Phone () _____

How long and in what capacity have you known the applicant?

PLEASE RATE THE APPLICANT'S ACADEMIC ABILITY USING THE CHART BELOW.

	Excellent	Above Average	Average	Below Average	Unknown
Enthusiasm for learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative insight	<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"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the applicant's academic work and intellectual qualities.

Describe what you consider to be the most outstanding/unique characteristic(s) of this student.

If the student's academic record is not reflective of the student's potential, please explain how outside circumstances have affected academic achievement.

EVALUATION

Overall, I recommend this student for admission

- Not at all With reservations Fairly strongly Strongly Enthusiastically

If you wish to provide additional information and feedback, please attach an additional statement to this evaluation.

Return all materials in a sealed envelope to:

Holy Names University, Office of Admissions, 3500 Mountain Blvd. Oakland, CA 94619-1627 or email admissions@hnu.edu

Be aware that all documentation submitted to Holy Names University as part of your application for admission becomes the property of Holy Names University and will not be returned at any point. All documents will be held as part of the applicant record in accordance with HNU academic policy.

I certify that all information submitted in this form is my own work, factually true, and honestly presented. Please note all recommendations are subject to verification of authenticity without notice. Any attempt to fraudulently complete the recommendation will impact the candidate's potential recommendation.

SIGNATURE OF RECOMMENDER

DATE