

Applicant:

Complete the information in the space below and submit it to a teacher or counselor of your choice. Please ask your teacher or counselor to enclose your recommendation in a sealed envelope with his or her name signed across the flap. Include your recommendation in your application packet.

PLEAS	SE PRINT				
		Date:	Date:		
	U.S. Social Security Number				
Name:					
_	Last (Family)	First (Given)		Middle Initial	
Address	::				
	Number Street			Apartment/Suite #	
	City	State	Zip	Country	

Teacher/Counselor:

Cogswell College seeks self-motivated students who are strongly committed to learning and who are capable of taking full advantage of the College environment. Your full and candid evaluation of this applicant is an essential element in our consideration of this student's admission to Cogswell College. We request your ratings and comments on ability, potential, creativity, and character. Please complete this form (front and back) and return it to the applicant in a sealed envelope with your signature written across the flap. Feel free to attach any additional information that would assist us in the selection process.

Compared with other students in his/her class, please rate this student in terms of:

No Basis	Academic Ratings	Below Average	Average	Above Average	Outstanding
	Motivation Creative, original thought Disciplined work habits Intellectual ability Academic achievement Expression of ideas Effective class discussion Potential for growth				
	Character and Personality Ratings Leadership Self-confidence Emotional maturity Independence, initiative Reaction to setbacks Respect accorded by faculty Respect accorded by students				

Evaluation:

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

2. What are the first words that come to mind to describe this applicant?

3. Please comment on the nature and quality of the applicant's academic work, intellectual depth or breadth, character, and personal qualities. How do you think the applicant would fare in a challenging environment such as Cogswell College?

Your Name (Please Print):		
Subject(s) Taught:		
Phone Number: ()	
Email:		
Signature:		Date: