

TO BE COMPLETED BY THE APPLICANT

Please complete the section for the applicant below and provide this form to a teacher who has taught you an academic subject such as math, science, or social studies. You should also provide the teacher a stamped envelope addressed to: Virginia Intermont College, Attn: Office of Admission, 1013 Moore Street, Bristol, VA 24201.

Name: _____
Please print or type. First Name Last Name

Address: _____
Street City State Zip

Birth date: _____ Gender: Male Female

TO BE COMPLETED BY THE TEACHER

Teacher's Name: _____
Please print or type. First Name Last Name

School Name: _____ Email: _____

Position/Department: _____ Subject Taught: _____

Telephone #: _____
Area Code Number

BACKGROUND

Please list the courses you taught this applicant. Include the year taken (S = Sophomore, JR = Junior or SR = Senior) and level of difficulty (AP, Accelerated, Honors, Regular, Elective, etc.): _____

How long have you known the applicant and in what context? _____

What are the first words that come to mind when asked to describe this applicant: _____

Please rate the applicant on the following by marking an "X" in the appropriate box:

| | Below Avg. | Average | Good | Excellent | Outstanding (Top 3%) | No Basis for Judgment |
|-----------------------------|------------|---------|------|-----------|-------------------------|--------------------------|
| Creative, Original Thought | | | | | | |
| Motivation | | | | | | |
| Maturity | | | | | | |
| Independence, Initiative | | | | | | |
| Intellectual Ability | | | | | | |
| Academic Achievement | | | | | | |
| Written Expression of Ideas | | | | | | |
| Effective Class Discussion | | | | | | |
| Disciplined Work Habits | | | | | | |
| Potential for Growth | | | | | | |

RECOMMENDATION

Please share any information you feel would help us differentiate this applicant from other applicants including personal or academic characteristics demonstrated in your classroom (you may include attach another sheet if needed):

TEACHER'S SIGNATURE

Signature: _____ Date: _____

Please submit your references promptly, and remember to sign above before mailing. This form should be mailed directly to: Virginia Intermont College, Attn: Office of Admissions, 1013 Moore Street, Bristol, VA 24201.