

Teacher/Professor Recommendation

Sweet Briar, Virginia 24595 • (800) 381-6142 • Fax: (434) 381-6152 • admissions@sbc.edu • sbc.edu

IMPORTANT: This form must be completed by an 11th- or 12th-grade English, history, math, foreign language or science teacher or college professor.

APPLICANT SECTION
Please type or print neatly.

Name of Applicant _____ School _____
Address _____
City, State, Zip _____ Social Security No. _____

DUE DATE
Please check one. You should supply your teacher with a pre-addressed, stamped envelope.

February 1 for Regular Decision
 February 1 for International Applicants
 July 1 for Fall Transfer and Turning Point Applicants
 November 1 for Spring Transfer and Turning Point Applicants

TEACHER/PROFESSOR SECTION

Please list the classes in which you have taught this student and/or other capacities through which you know this student. _____

RATINGS
How would you compare the candidate to her entire class? Check the single most appropriate box.

	Outstanding (one of the top few ever encountered)	Excellent (top 10% this year)	Good (above average)	Average	Below Average
Academic Achievement					
Character/Personal Qualities					
Overall					

Please evaluate the candidate in terms of the following characteristics by making a check under the appropriate heading. In making these ratings, please keep in mind that you should compare this student with her entire class.

	Outstanding (top 5% this year)	Excellent (top 10% this year)	Good (above average)	Average	Below Average	No basis for judgment
Academic Motivation	_____	_____	_____	_____	_____	_____
Academic Integrity	_____	_____	_____	_____	_____	_____
Academic Self-discipline	_____	_____	_____	_____	_____	_____
Academic Growth Potential	_____	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____
Written Expression of Ideas	_____	_____	_____	_____	_____	_____
Effective Class Participation	_____	_____	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____	_____	_____
Respect Accorded by Faculty	_____	_____	_____	_____	_____	_____
Respect Accorded by Peers	_____	_____	_____	_____	_____	_____



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CONFIDENTIAL WRITTEN EVALUATION

Sweet Briar College asks for an evaluation of the candidate's academic motivation and promise, as well as any comments you would like to make about her character and personality.

(For purposes of confidentiality, all written recommendations will be used for the admission process only. The student will not have access to this information. No recommendations will become a part of any enrolling student's permanent file.)

SIGNATURE

If you would like to discuss this candidate further, please contact the Admissions Office staff at (800) 381-6142.

Please return this form to:

Office of Admissions
Sweet Briar College
Box 1052
Sweet Briar, Virginia 24595
E-mail: admissions@sbc.edu
Fax: (434) 381-6152

Signature _____ Date _____

Please print name _____ Phone (_____) _____

Title _____

E-mail _____