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# HENDRIX

## THIRD-PARTY EVALUATION (RECOMMENDED)

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### TO THE APPLICANT:

Please fill in the information below, and give this form to your teacher, high school counselor, employer, pastor, friend, or anybody else who you feel can speak to your character.

Student Name: \_\_\_\_\_  
*Last* *First* *Middle* *Jr., etc.*

Address: \_\_\_\_\_  
*Number & Street* *City or Town* *State* *Zip Code*

Social Security Number (*optional*): \_\_\_\_\_

### STUDENT'S WAIVER

Though it is not a precondition for admission consideration, the College requests that students relinquish their right of access to this form by signing the following statement. This ensures the third-party evaluator complete freedom in evaluating the candidate for admission to Hendrix.

**I recognize that the information on this form will be treated as confidential between the person completing it and Hendrix College. I waive my right to have access to it as part of my record at the College.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### EVALUATOR'S ASSESSMENT

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

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

Tell us something about this student that we might not otherwise know.

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## EVALUATION

Please feel free to write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will help us to differentiate this student from others.

I recommend this student: with reservation fairly strongly strongly enthusiastically

Evaluator's Name (*please print or type*): \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer or School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print the completed application and either scan and e-mail to  
adm@hendrix.edu OR fax to (501) 450-3843.**