



RECOMMENDATION OF HIGH SCHOOL TEACHER

STUDENT — COMPLETE THIS SECTION

Student's name _____ Date _____

Address _____

Please read the following statements and sign the one you prefer:

I understand that this evaluation is confidential and I waive my right to read it.

or

Student signature

I do not waive my right to read this form should I enroll at Bluffton and therefore this is not confidential.

Student signature

HIGH SCHOOL TEACHER — COMPLETE THIS SECTION

Please mark the appropriate space in each area to evaluate the applicant.

Excellent

Good

Average

Below Average

Poor

Seriousness of purpose

Ability to study

Ability to communicate orally

Ability to communicate in writing

Initiative

Responsibility

Emotional stability

Concern for others

Overall recommendation

For academic promise

For personal promise

Comments:

I have known the applicant for _____ year(s).

Send to: Admissions Office
Bluffton University
1 University Drive
Bluffton, OH 45817-2104
FAX: (419) 358-3081

Signature _____
Position _____
High school _____
School phone _____
E-mail _____
Date _____