ACADEMIC RECOMMENDATION FORM

STUDENT SECTION
Fill out the section below. Then give this form to your school counselor or academic teacher.

Your legal name _________________________________________________ Date of birth _____________________ month/day/year

Permanent home address _________________________________________________________________________

Email _________________________________________________________________________________________

COUNSELOR/TEACHER SECTION
We would like a candid evaluation for this student’s ability. Please send this page, along with the applicant’s official transcript, to the Whitworth University Office of Admissions.

Name ________________________________________________ Position __________________________________

School ________________________________________________________________________________________

Email _________________________________________________________________________________________

Student’s expected graduation date ___________________________ month/year

Please give your perspective regarding this student’s ability for success at Whitworth University. You may also include a letter of recommendation.

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I recommend this student ☐ enthusiastically ☐ without reservation ☐ with reservation

Signature ___________________________________________________________ Date ______________________

Thank you for filling out this recommendation form. Please return this form and official transcripts to:

Whitworth University Office of Admissions
300 W. Hawthorne Road, Spokane, WA 99251