

# 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

