

ACADEMIC RECOMMENDATION

Freshman Applicants



Applicant's Name: (First, Middle, Last) _____

Applicant's waiver of the right to see the recommendation: (Signature) _____

To the High School Counselor:

Menlo College is grateful to you for completing this form in connection with the admissions application of the above student. The information which you give us on this form will assist us in considering this candidate's application. Strict confidentiality is assured.

		Below Average	Average	Above Average	Excellent	No Basis for Comparison
How would you rate the applicant on the:	Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the space below, please provide any substantive comments related to the candidacy of this applicant. You may provide comments on an additional page or attach a letter of recommendation to this form.

Name: _____ Title: _____

School: _____

Address: _____

City, State, ZIP: _____ Phone: _____

Signature: _____ Date: _____