

TO THE APPLICANT

Please fill in the information below and give this form to a teacher or counselor who is familiar with your academic background.

Legal Name _____
 Last First Middle Preferred Name (if different)
 Mailing Address _____ City _____ State _____ ZIP _____
 Email Address _____ High School _____

TO THE TEACHER OR COUNSELOR

This section should be completed by an educator who knows the applicant well. Recommendation letters may be attached to this form, but are not required. ***This information is to be used solely for the admission process and will be removed from the student's file upon enrollment.***

- How long have you known this student and in what context? _____
- I recommend this student: Enthusiastically Strongly Fairly strongly With reservations

RATINGS

Check how you would rate this student in terms of academic skills and potential compared to other college-bound students you have taught:

	No basis	Below average	Average	Good (above average)	Excellent (top 10%)
Academic achievement					
Independence, initiative					
Written expression of ideas					
Disciplined work habit					
Potential for growth					

EVALUATION

We are particularly interested in the applicant’s intellectual promise, relative maturity, integrity, leadership potential, special talents, and enthusiasm. We welcome information that will help us to differentiate this student from others.

Recommender Name _____
 Email Address _____ Office Telephone _____
 Name of School _____ Public Private Parochial
 Recommender Signature _____ Date _____

PLEASE SEND THIS FORM TO: Gustavus Admission Office, 800 West College Avenue, St. Peter, Minnesota 56082
 If you have any questions, please call us at 507-933-7676 or 800-GUSTAVUS, or email us at admission@gustavus.edu.



This student has submitted their portion of the Gustavus Application for Admission. To give your student an admission decision, we need to receive this evaluation as soon as possible. ***Thank you in advance for your help!***