

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 of 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.

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

