SAINT AUGUSTINE'S COLLEGE

RECOMMENDATION FORM

APPLICANT

*After completing your name, address, and Social Security number below, give this form to your counselor, advisor, teacher, professor, employer or someone who can attest to your ability to successfully matriculate at a higher education institution. The individual **may not** be a relative or personal friend.*

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Full Name: _____
Last *First* *Middle* *Maiden*

Address: _____

City: _____ State: _____ Zip: _____

RECOMMENDER

Thank you for taking the time to complete this form. Your comments are valuable to us. Please complete this form with the knowledge that it is retained in the student's file should (s)he attend Saint Augustine's College. If you prefer, you may submit a letter of recommendation in lieu of this form. Please send completed form and/or letter to ***Saint Augustine's College, Office of Admissions, 1315 Oakwood Avenue, Raleigh, North Carolina 27610-2247***. Thank you for your cooperation.

I recommend this applicant for admission to Saint Augustine's College:

	Not recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
For academic promise	☐	☐	☐	☐	☐
For character and personal promise	☐	☐	☐	☐	☐
Overall recommendation	☐	☐	☐	☐	☐

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

What are the first words that come to your mind to describe the applicant?

_____

Please feel free to write any additional comments you deem important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, and enthusiasm.

Name: _____

Position: _____ School/Business: _____

Complete Address: _____

Telephone: _____

Signature: _____ Date: _____