

## Professor Recommendation (optional)

### To the Applicant:

Please complete the shaded box below, give to the person indicated and request this form be mailed directly to the Office of Admissions.

Name \_\_\_\_\_  
first middle last

Address \_\_\_\_\_  
street, route or PO Box

\_\_\_\_\_

city state ZIP/postal code province country

Term Applying for:    **Fall**          Spring          Summer          \_\_\_\_\_ (year)

Name of school \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_

Address \_\_\_\_\_

I recognize the confidential nature of this document and     **I do**     **I do not**    waive my right to access.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

### To the Professor:

- Complete** the information requested on the **front and back** of this form.
- Return this form** directly to the Office of Admissions.

1. How long have you known this student? \_\_\_\_\_

2. What subject(s) have you taught her and in what academic years?

3. Please rate the applicant on the qualities listed below:

	Excellent	Above Average	Average	Below Average	No basis for judgement
Academic Ability					
Determination					
Cooperation					
Dependability					
Leadership					
Social Adaptability					
Integrity					
Motivation					
Creativity					

4. Would you expect this student to respond positively to a community that expects personal integrity in both academic and social matters?

YES           NO          If "NO," please explain: \_\_\_\_\_

5. Please use the space below to make any further comments regarding the individual abilities and/or needs of the student.

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6. Do you recommend this student to Meredith College?

YES       NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Name of institution \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Note to the College Official: After signing, please print this document and return it to the applicant or by mail or email to Meredith College.



**Office of Admissions**  
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**meredith.edu**