

Academic/Educational Recommendation

PLEASE FILL IN YOUR NAME AND ADDRESS AND PRESENT THIS FORM TO A TEACHER OR COUNSELOR. Note: The same person cannot complete both Entrada recommendation forms.



Applicant's name: _____
Last First Middle

Address: _____
Number and Street City State/Province Zip/Postal Code Country

RIGHT OF PRIVACY: *According to the law, you have the right to examine any document in your admission file. If you wish to waive the right to review this form, sign below. Failure to waive this right will not be prejudicial to you.*

Applicant's Signature _____ Date _____

To the person completing this recommendation:

This applicant is applying for admission to the Entrada Scholars Program at Calvin College. Entrada is intended for both ethnic and racial minority groups who are typically under-represented in higher education, including African American, Native American, Asian American, Hispanic and Latino American students. It is a selective experience, with about only forty-five percent of the students who submit an application for Entrada being accepted into the program. To help us make an appropriate admissions decision, please provide a full and candid report. Please include insights into the strengths and struggles of this applicant, as this will enable Entrada to best serve her/him. Feel free to attach an additional sheet of paper.

1. What is your relationship to the applicant and how long have you been acquainted?

2. Based on your interactions and observations, please rate this student on the following:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN	COMMENTS
Motivation						
Self-reliance						
Potential for growth						
Intellectual curiosity						
Academic ability						
Relationships with others						
Character						
Relative maturity						
Integrity and Values						
College readiness						

Additional Comments:

3. Some persons do not benefit from college life. Do you know of any circumstances that should be considered when reviewing this applicant for admission to the Entrada Scholars Program?

4. Is the academic record of this applicant an accurate indication of his/her ability? Yes No
Please describe the circumstances:

Signature **Date**

Print name: _____ Title: _____

School: _____
School Name Number and Street

City State/Province Zip/Postal Code Country

Phone: (_____) _____ Web site: _____

E-mail: _____ Are you a Calvin alumnus/alumna? Yes No

Do you need information about Calvin College for your files? Yes No

PLEASE MAIL TO: Pre-College Programs and Visits, Calvin College,
3201 Burton Street SE, Grand Rapids, MI 49546
Fax: 616-526-6756

Thank you for completing this recommendation.