

RECOMMENDATION FOR UNDERGRADUATE ADMISSIONS

Last Name (please print)FirstMiddle

Proposed Field of Study

CitizenshipPlace of BirthMonth _____ Day _____ Year _____

Date of Birth

1. Knowledge of Applicant
 Approximately how long have you known the applicant? _____ Years
 How well do you know the person? Well Casually Very Well
 What was the nature of your contacts with the applicant? Teacher Adviser Other

2. In your opinion, is the applicant's scholastic record as you know it an accurate index of his or her scholastic ability?
 Yes No Don't Know

If "No," please explain _____

3. Relative Rating (Compare with other students you have taught in the last 10 years.)

	Top 10%	Top 25%	2 nd 25%	3 rd 25%	Last 25%	Can't Rate
Knowledge in proposed field of study						
Ability to grasp new concepts						
Mathematical and logical thought						
Written expression						
Oral expression						
Laboratory skills (if applicable)						
Ability to get along with others						
Emotional stability						

Do you have any information related to character, temperament or any impairment that should be considered by an admission committee or should be taken into account in planning the student's educational objective? Yes No
 (Please use back of page if needed)

Summary:

- Recommended enthusiastically
- Recommended
- Recommended with reservation
- Not Recommended

Signature _____

Name _____

Title _____

School _____

Please return this form to:
 Undergraduate Admissions, Clemson University, 105 Sikes Hall, Box 345124, Clemson, SC 29634-5124, USA