



RECOMMENDATION FORM

Please fill in the information below and give this form to an academic teacher (English, math, social studies, science, foreign language) or your guidance/college counselor. (If you are applying as a transfer student, please ask a faculty member or your college advisor.)

Student Data

First name _____ Last name _____

Middle name _____ Date of birth _____

Address _____ Apt. _____

City, state, zip _____

Current school _____ CEEB code _____

Important privacy notice: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate at Hamline you will have access to this form unless you waive your right below. Hamline does not save recommendation forms post-matriculation. **You must check one of the boxes, sign, and date this form.**

Yes, I do waive my right to access this recommendation form. No, I do not waive my right to access this recommendation form.

Student signature _____

To the Teacher or Counselor

Recommender name and title _____

Subject taught _____

Recommender phone _____ Recommender email _____

Please check the appropriate box in each category.

	Academic ability	Oral communication	Writing ability	Disciplined work habits	Initiative	Leadership	Overall
Excellent (top 10%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known this student and in what context? _____

What words would you use to describe this student? _____

Please share additional comments highlighting academic and personal characteristics. _____

Thank you for taking the time to complete this recommendation form. We encourage you to provide additional comments that may be helpful to our admission committee. You may attach a letter of recommendation to this form.

Recommender signature _____ Date _____

Recommender, return this form to: Office of Undergraduate Admission, MS-C1930, Hamline University,
1536 Hewitt Avenue, Saint Paul, MN 55104-1284