



RECOMMENDATION FORM

Telephone: 508.849.3360
Fax: 508.849.3361
Email: admissions@annamaria.edu
Address: 50 Sunset Lane
Box O
Paxton, MA 01612

TO BE COMPLETED BY THE APPLICANT

SECTION 1. APPLICANT INFORMATION

After filling in your name and address below, please have your reference complete the remainder of the form and mail it directly to the Anna Maria College Office of Undergraduate Admission.

Name _____

Home Address _____

Street

P.O. Box

City/Town

State

Zip Code

Country

Date of Birth _____ Social Security Number _____ Telephone _____

High School /College _____ Term Starting September January Year _____

To the Applicant:

Under current federal law, an enrolled or former student has, with certain exceptions, access to all education records in his/her permanent file. If you wish to waive the rights to examine this evaluation at a later date, please sign below. It may then be written in confidence. If you do not sign, you have access to this evaluation upon enrollment at Anna Maria College. I hereby waive my right to access this report and recommendation.

Signature of Applicant

Date

SECTION 2. TO BE COMPLETED BY THE PERSON PROVIDING THE RECOMMENDATION

The Admission Committee finds candid evaluations very helpful in assessing an applicant's potential for success at Anna Maria College. We are particularly interested in having your observations of the applicant's ability, motivation, and character. Thank you for your assistance.

Name _____

Address _____

Street

P.O. Box

City/Town

State

Zip Code

Country

Telephone _____ Relationship to the applicant _____

Title _____ Employer _____

1. How long have you known the applicant? _____

2. What are the first words that come to mind when describing this student? _____

3. Please feel free to write whatever you think is important for the Admission Committee to know about this applicant.

