

Recommendation Form



TO STUDENT

Please enter your name and college entrance date on the lines below and give this form to your counselor, with a **stamped envelope**.

TO GUIDANCE COUNSELOR/TEACHER

(Student's Name) _____ has applied for admission to Albertus Magnus College.

Start Term: Fall 20_____ or Spring 20_____.

We appreciate your help in evaluating this student's academic ability. We are interested in a frank and objective statement of your impressions of this applicant.

Please return this form at your earliest convenience to the Office of Admission. We thank you for your cooperation and assure you that your report will be kept confidential.

Name _____

Position _____

High School /College /Company _____

City _____

State _____

1. Please tell us about the applicant's academic ability.

2. Please tell us about the applicant's special aptitudes, achievements and personal qualities.

3. Are you aware of any problems which have limited the applicant's development and may affect performance in college?

I recommend this applicant for admission to Albertus Magnus College with / without reservation.

(please circle)

Date _____

Signature _____

Address _____

Current Telephone No. _____

Please mail to: Office of Admission, Albertus Magnus College, 700 Prospect Street, New Haven, CT 06511
You may also fax your recommendation to (203) 773-5248. Please contact us at (800) 578-9160 with any questions or concerns.