

Teacher Recommendation

FOR THE STUDENT TO COMPLETE

Name	MIDDLE	LAST			SUFFIX (JR., III, ETC.)				
Mailing Address	ET			APT. #					
	STATE								
CITY	STATE	ZIP/POSTAL CODE	COUNTRY						
Home Phone Number ()	_ Social Security Number			-				
Gender: □Male □Female	Date of Birth/	/YEAR							
I recognize the confidential nature of this document and I \Box do \Box do not \Box waive the right to access this information.									
Student's Signature	Date								
FOR THE TEACHER TO CO	MPLETE								
Teacher's Name									
School Name	Position/Subject								
How long and in what capacity	y have you known the applicar	nt?							
What are the first three words	that come to your mind when	describing this applicant?							

In making the following ratings, keep in mind that they will be used to compare this student to highly capable students. Please make your ratings as realistic as you can in comparison with other college-bound students by checking the **single** most appropriate box.

	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	ONE OF THE TOP STUDENTS I HAVE ENCOUNTERED IN MY CAREER	NO BASIS FOR JUDGMENT
A. Academic promise						
B. Independence						
C. Leadership						
D. Self-confidence						
E. Academic performance						
F. Perseverance/Follow-through						
G. Maturity level						
H. Communication skills						
I. Summary evaluation						

The Office of Undergraduate Admission appreciates your comments regarding this applicant for undergraduate admission. Please use the space provided or attach an additional sheet for comments regarding this applicant's strengths and weaknesses as related to future academic and personal achievement.

Please mail this completed form along with any additional pages to: SMU Undergraduate Admission PO Box 750181 Dallas, TX 75275-0181

You may also fax these materials to (214) 768-5048

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