



2011-2012 OFFICIAL TEACHER RECOMMENDATION

A TEACHER RECOMMENDATION IS REQUIRED FOR STUDENTS SELECTING THE TEST SCORE WAIVED OPTION AND IS OPTIONAL FOR ALL OTHER APPLICANTS.

APPLICANT: After providing the information in this section, give this form to your teacher and ask that she or he complete the bottom section. *(Please note that this form must be completed by a junior- or senior-level English, math, science, foreign language or social science teacher.)*

Name _____
Last First Middle Suffix

Permanent Address _____
Number & Street

Apt. # _____

City _____ State _____ ZIP/Postal Code _____

Country _____

Gender: M F When do you intend to enroll? Fall 2012 Spring 2012

I waive my right to review or access letters and statements of recommendation on my behalf.

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Rollins prides itself on seeking a good fit between its applicants and the College. Please complete the recommendation with the understanding that your input may impact the decision of the Admission Committee. We encourage your honest evaluation of the candidate. Please answer the questions below.

PLEASE INCLUDE A LETTER OF RECOMMENDATION WITH THIS FORM COMMENTING ON THIS STUDENT'S ACADEMIC, EXTRACURRICULAR AND CHARACTER RECORD.

How long have you known the applicant? _____

In which specific course(s) and year(s) have you taught the applicant?

What are the first words that come to mind to describe this applicant? _____

I recommend this student: Enthusiastically Strongly Fairly Strongly With Reservation

Name of Teacher _____
Last First Middle

School Information _____

Email Address _____

 Teacher Signature _____ Date _____

Please return completed form to:



Rollins College . Office of Admission
1000 Holt Avenue - 2720
Winter Park, FL 32789-4499
Phone: 407.646.2161
Fax: 407.646.1502