

SCHOOL REFERENCE FORM

TO THE APPLICANT: This form should be given to a (non-relative) teacher, guidance counselor, or professor to complete and return to the college. Referrals should be able to address academic ability, performance and potential.

TO THE PERSON COMPLETING THIS FORM: As an applicant for admission to Milligan College, the student named below is required to submit a school reference. Your comments are important; please carefully complete the evaluation and return the form promptly to: **Office of Admissions, Milligan College, P.O. Box 210, Milligan College, TN 37682.**



THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.

This section to be completed by the applicant.

Applicant's Name: _____ Phone: _____

Address: _____
STREET/BOX NUMBER CITY STATE ZIP

*I have waived my right of access to information included on this reference form.
 It is therefore confidential and will be seen only by the Admissions Committee.*

Applicant's Signature: _____ Date: _____

The student's cumulative grade point average (on a 4.0 scale) is: _____

Student's class rank (for high school students only): _____ of _____ School does not rank
STUDENT RANK CLASS SIZE

Description of curriculum: general college preparatory advanced/honors

Of the applicant's class, approximately _____ % plan to attend college; _____ % a four-year college.

Would you nominate this student for financial aid consideration? Yes No

Primary basis: Financial Need Academic Merit Particular Talent Area _____

[RATINGS]

Please summarize your reference by checking your estimate on the following items (in comparison to peers):

	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
Academic Ability					
Academic Performance					
Ability to Relate to Peers					
Cooperativeness					
Dependability					
Emotional Maturity					
Leadership Ability					
Motivation					
Sense of Humor					
Warmth of Personality					
Reputation					

[RECOMMENDATION CONCERNING ACCEPTANCE]

Highly Recommend Recommend Recommend with Reservations Prefer Not to Recommend

Additional comments: _____

If you would like to discuss this candidate further or refer other students to Milligan, please contact the admissions staff at 800.262.8337 or 423.461.8730, or e-mail admissions@milligan.edu.

Signature: _____ Date: _____

Please print name _____ Title: _____

Have you taught the applicant in a classroom setting? Yes No

School: _____

Address: _____
STREET/BOX NUMBER CITY STATE ZIP

Office Phone Number: () _____ E-mail: _____

Are you a Milligan Alumnus? Yes, Class of _____ No

Please submit this form to:

**OFFICE OF ADMISSIONS
P.O. BOX 210
MILLIGAN COLLEGE, TN 37682

FAX 423.461.8982**