

# College Recommendation Form

## SECTION 1 (TO BE COMPLETED BY APPLICANT)

Please complete the top portion of this form, and give this form to the Dean of Students or Registrar from **each** institution you attended. Please type or print. **This form must be completed by a dean or other college official who has access to your disciplinary record and your academic record.**

Name of Applicant: \_\_\_\_\_  
Last First Middle

Former Name(s) if any: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm/dd/yyyy

Address: \_\_\_\_\_  
Number and Street City State Zip

School: \_\_\_\_\_  
Official Name City State Zip

In accordance with the Federal Family Education Right and Privacy Act, matriculating students have access to their application files. The act further provides that you may waive your right to see your evaluation.

**\* I understand that this evaluation will be used for admission purposes only. Further, I understand the "Family Educational Rights and Privacy Act" of 1974, and in accordance with this law I hereby: (check one)**

**Waive my right to access this evaluation**  
**Do not waive my right to access this evaluation**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2 (TO BE COMPLETED BY ACADEMIC DEAN, DEAN OF STUDENTS, OR REGISTRAR)

The above named student has applied for admission to Lenoir-Rhyne University. We appreciate your willingness to assist Lenoir-Rhyne in assessing this student's qualifications for admission. Please complete this form as thoroughly as possible. Your prompt attention to this matter is greatly appreciated. You may either submit the completed form in a signed and sealed envelope to the student or mail directly to:

**Lenoir-Rhyne University**  
**Office of Admission**  
**PO Box 7227**  
**Hickory, NC 28603**

1) Is the student currently in good academic standing? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Was the student involved in any disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the nature of the offense and action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Is the student eligible to return to your institution? Yes \_\_\_\_\_ No \_\_\_\_\_

4) The student is attending/has attended your institution from \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

