TEACHER RECOMMENDATION FORM

Office of Admissions
The Alice Carson Tisdale Honors College
Claflin University
400 Magnolia Street
First Floor, Tingley Memorial Hall
Orangeburg, South Carolina 29115
803.535.5747 honors@claflin.edu

CLAFLIN UNIVERSITY

To The Applicant

After completing all relevant questions below, give this form to your secondary school counselor or another school official who knows you better. Please also give that school official a stamped envelope addressed to the address above.

Legal Name_____ ☐ Female ☐ Male

Last/Family (Enter name exactly as it appears on official documents) First/Given Middle (complete) Jr., etc.

Birth Date _____ Social Security #_____

mm/dd/yyy (Optional)

Address_____

Number & Street Apartment# City/Town State/Providence Country Zip/Postal code

Telephone Numbers (Home) (_____)_____ Cellular (_____)_____

School you now attend_____ CEEB/ACT code_____

To the Teacher

The student above is applying to Claflin University's ***Alice Carson Tisdale Honors College*** for placement into *The Honors College* and an academic *Honors College Scholarship*. Candid evaluations are very helpful in choosing among highly qualified candidates. Please assist us in this process by completing this form and mailing to the address above in the envelope provided by this student. Please submit your reference promptly. **Be sure to sign below.**

Your name (Mr. /Mrs. /Ms. /Dr., etc.)_____ Subject Taught_____

Signature_____ Date_____

mm/dd/vvvv

Secondary School_____

School Address_____

Number & Street Apartment# City/Town State/Providence Country Zip/Postal code

Teacher's phone (_____)_____ Teacher's Email _____

Background Information

How long have you known this student and in what context? _____

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

List the courses you have taught this student, noting for each the student's year in school (10th, 11th, 12th, first-year, sophomore; etc.) and the level of course difficulty (AP, IB, accelerated, honors, elective).

Teacher Recommendation Form

Ratings: Compared to the other students in his or her class, how do you rate this student in terms of:

No Basis		Below Average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
☐	Academic Achievement	☐	☐	☐	☐	☐	☐	☐
☐	Intellectual Promise	☐	☐	☐	☐	☐	☐	☐
☐	Quality of writing	☐	☐	☐	☐	☐	☐	☐
☐	Creative, original thought	☐	☐	☐	☐	☐	☐	☐
☐	Productive class discussion	☐	☐	☐	☐	☐	☐	☐
☐	Respect accorded by others	☐	☐	☐	☐	☐	☐	☐
☐	Disciplined work habits	☐	☐	☐	☐	☐	☐	☐
☐	Maturity	☐	☐	☐	☐	☐	☐	☐
☐	Motivation	☐	☐	☐	☐	☐	☐	☐
☐	Leadership	☐	☐	☐	☐	☐	☐	☐
☐	Integrity	☐	☐	☐	☐	☐	☐	☐
☐	Reactions to setbacks	☐	☐	☐	☐	☐	☐	☐
☐	Concern for others	☐	☐	☐	☐	☐	☐	☐
☐	Self-confidence	☐	☐	☐	☐	☐	☐	☐
☐	Initiative, independence	☐	☐	☐	☐	☐	☐	☐
	OVERALL							

Evaluation Please write whatever you think is important about this student, including a description of academic, extracurricular, and personal characteristics. We welcome a broad-based assessment that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.