

LETOURNEAU UNIVERSITY

Academic Reference



Please complete and return to:
Office of Admissions, LeTourneau University
P.O. Box 7001, Longview, TX 75607-9971

LETOURNEAU
UNIVERSITY

APPLICANT INFORMATION To applicant: Please print your name below and give this form to your teacher, counselor or someone in a position of authority at your school. If your parent is the teacher, please select someone else. This form can also be completed online at www.letu.edu/reference.

Name: _____ Phone: _____

Address: _____
street city state ZIP/postal code country

I willingly waive my right to review this recommendation knowing that this waiver is not required as a condition for admission.

Signature: _____ Date: _____

EVALUATION To school leader: Thank you for helping us with this reference. It will assist us in evaluating the applicant. Your confidential information will be used in assessing the student's application for admission. Please keep in mind that the applicant's file will not be reviewed until this form is returned.

Please evaluate the applicant by checking **all** characteristics that apply:

- 1 Leadership:** never leads good organizer leads when asked
 excellent leadership unable to observe
- 2 Cooperation:** causes friction usually cooperative avoids group activities
 works well with others unable to observe
- 3 Concern for others:** self-centered considerate indifferent
 unselfish unable to observe
- 4 Choice of associates:** questionable somewhat discerning unable to observe
 careless discerning in friendships
- 5 Level of motivation:** strong determination lacks motivation positive attitude
 shows little interest unable to observe
- 6 Respect for authority:** disrespectful generally respectful critical
 honors those in authority unable to observe
- 7 Anticipated college performance:** better than average acceptable may experience failure
 will excel academically unable to predict performance

8 How long have you been acquainted with the applicant? _____

9 How well do you know the applicant? very well well casually

10 In what areas, if any, would the applicant need special assistance?

11 Please feel free to provide additional remarks which would assist in evaluating the applicant.

12 LeTourneau University seeks students who profess a vital Christian experience or are open to instruction in the Christian faith. The college admits students who are most likely to profit from LeTourneau's distinctly Christian emphasis and who are compatible with the standards of the university. To your knowledge, would the attitude or present conduct of the applicant make it difficult for him/her to adjust to these requirements? yes no

13 If yes, please explain.

14 Do you recommend the applicant for admission to LeTourneau University? yes no

REFERENT INFORMATION

15 Name: _____ **16** Title: _____

17 School: _____

18 Address: _____
street city state ZIP/postal code country

19 Signature: _____

20 Daytime phone: (____) _____ **21** Preferred time of phone contact: _____
(only if necessary)

22 E-mail address: _____ **23** Number of years in education: _____