

# AUGSBURG COLLEGE

## RECOMMENDATION FORM

Office of  
Undergraduate Admissions  
(612) 330-1001  
(800) 788-5678

Please print or type

**To the applicant for admission:** This form is to be completed by someone familiar with you as an individual. Only if you have been out of school for some time should this form be completed by your present supervisor, employer, or other person for whom you work.

Name of applicant \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE/ZIP

I do  I do not... waive my right of access to this reference. \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

**To the person completing this recommendation:** We appreciate all candid and reliable information you can provide that would assist us in making a decision concerning this applicant's potential as an Augsburg College student.

Name \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_ Address \_\_\_\_\_

Length of Acquaintance with Candidate \_\_\_\_\_ Phone \_\_\_\_\_

**Please provide a summary appraisal of the applicant in the following areas.  
Please focus primarily on your knowledge of the applicant's academic potential.**

**Academic Achievement** (Ability to do college-level work, motivation for learning, oral and written expression, whether grades or scores are indicative of the applicant's ability or general performance.)

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**Personal Qualities** (The applicant's personal character, growth potential, and special talents.)

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**Unique Circumstances** (Relevant personal problems that may have affected achievement: family, friends, health, learning disabilities, etc.)

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### Recommendations for Acceptance

- Accept without reservation.  Accept with reduction in normal course load.  
 Accept with special advising.  Do not accept. Encourage other avenues for post-secondary education.

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to: **Augsburg College, Office of Undergraduate Admissions**  
Campus Box 143, 2211 Riverside Avenue South, Minneapolis, MN 55454  
Fax: (612) 330-1590