



SPRING ARBOR UNIVERSITY

TEACHER'S RECOMMENDATION

This entire form is to be completed by the teacher.

Name of Applicant _____

Address _____
Number and Street City State Zip Code

This student has applied for admission to Spring Arbor University. Please respond to the following questions.

1. How well do you know the applicant? (Check one)

____ Know very well.

____ Know fairly well.

____ Do not know personally.

2. What are the applicant's outstanding talents (art, athletics, drama, music, etc.)? _____

3. Comment on the applicant's character and personality. _____

4. Are there factors which might affect the applicant's success at Spring Arbor University? _____

5. Additional comments are welcome.

Name _____ Telephone (_____) _____

Position _____

School _____

Street Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please return this recommendation to:

OFFICE OF ADMISSIONS
Spring Arbor University
Spring Arbor, Michigan 49283
Admissions Office / 517.750.6468 or 800.968.0011
Fax / 517.750.6620
www.arbor.edu / e-mail: admissions@arbor.edu