

Office of Admissions • 3800 Hillsborough Street Raleigh, NC 27607-5298 • (919) 760-8581 or 1-800-MEREDITH • FAX (919) 760-2348 meredith.edu

Teacher Recommendation

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Please complete this shaded box, give to the person indicated and request that this form be mailed directly to the Office of Admissions.

This form is to be completed by a teacher who has taught you in an academic subject in grade 11 or 12.						
Name						
	first	middle	last			
Address						
7 (dd) 000	street, route or PO Box					
city	state	ZIP/postal code	province	country		
Applying for	: O August	O January (year)				
To the Teacher:						
 Complete all information requested on the front and back of this form. Return this form directly to the Office of Admissions. 						
1. How long have you known this student?						
(O Less than two yea	ars O Two to four years	O More than four years			
2. What subject(s) have you taught her and in what academic years?						

3. Please rate the applicant on the qualities listed below:

	Excellent	Above Average	Average	Below Average	No basis for judgement
Academic Ability					
Determination					
Cooperation					
Dependability					
Leadership					
Social Adaptability					
Integrity					
Motivation					
Creativity					

Meredith College admits qualified women students without regard to race, creed, sexual orientation, national or ethnic origin, age, or disability.

4.	Would you expect in both academic	o respond positively to a community that expects personal integrity tters?		
	O YES	ONO	If "NO," please explain:	
5.	Please use the sp needs of the stud		make any further comments regarding the individual abilities and/or	
6.	Do you recomme	end this studen	t to Meredith College?	
	○ YES	O NO		
Się	gnature		Date	
Pr	inted name			
Na	ame of institution _			
Ac	ddress		Phone ()	
F-	mail address			



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