TAYLOR UNIVERSITY APPLICATION
ACADEMIC REFERENCE FORM

TO BE COMPLETED BY THE STUDENT

Applicant’s full name: ____________________________________________

Applicant: Please complete this section and give this form to your recommender.

Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see letters written on your behalf for admission.

I waive my right of access to this recommendation written on behalf of my candidacy for admission.

Home Address: _______________________________________________________

Applicant’s signature: ________________________________________________

Date: ________________________

TO BE COMPLETED BY THE RECOMMENDER (CONT.)

4. What is your opinion regarding the student’s ability for further academic study?

Highly enthusiastic
Strong
Moderate
Hesitant
Negative

5. Taylor recruits students who can contribute to community in unique ways. Which of the following words best describes this student’s contribution to your school?

Initiator - seeks to develop programs to meet the needs of others
Leader - takes on roles in areas of leadership in school activities
Participant - takes an active part in school events, organizations, etc.
Neutral - has little or no impact in school

6. Circle up to four characteristics that best describe the applicant.

Motivated
Curious
Fears failure
Creative
Driven by grades
Lifelong learner
Capable but lazy
Self-disciplined
Hard worker

7. Relationship to student: (Note: references cannot be completed by relatives)

Teacher
Guidance Counselor
Coach
Mentor
Other: __________________________

TO BE COMPLETED BY THE RECOMMENDER

Name (please print): ______________________________________________

Position: _________________________________________________________

Signature: _________________________________________________________

Date: ________________ Phone: ____________________________

Email: _____________________________________________________________

RECOMMENDER INFORMATION

SCHOOL INFORMATION

Name of school: ____________________________________________________

School Address: ____________________________________________________

Name of school: ____________________________________________________

Are you an alumnus of Taylor? □ Yes □ No Grad year: ________________

Is a member of your staff an alumnus of Taylor? □ Yes □ No □ I don’t know

Do you know any other students that you believe would be interested in Taylor?

Name: _____________________________________________________________

Address: __________________________________________________________

Phone: ____________________________ Email: __________________________

Graduation Year: ____________________________

Would you like to receive any literature from Taylor University? □ Yes □ No

PLEASE RETURN THIS FORM TO:

Taylor University Office of Admission | 236 W. Reade Ave. | Upland, IN | 46989