



Recommendation for: _____

Early decision deadline: December 1; priority decision deadline: February 15. Hollins accepts fall and spring transfer applicants on a rolling admissions basis.

Applicant:

Please print your name on the line above and give this form to your college counselor, academic advisor, or teacher. Another recommendation may be submitted in addition to this. Additional forms are available from Hollins, or a letter may be used.

To the college counselor/academic advisor/teacher/college professor:

The candidate listed above has applied for admission to Hollins University. To help the Admissions Committee properly evaluate her qualifications we would appreciate your help in giving us the information requested below. The committee is concerned with personal qualities as well as with academic achievements. **A letter of recommendation may be substituted in place of this form.**

Confidentiality:

This recommendation will be used for admission purposes only and will not become a part of the student's permanent record.

Date of the candidate's attendance at your institution:

In what context(s) have you known the applicant and for how long?

What are the first words that come to your mind in describing her?

In your opinion, what are her academic strengths and weaknesses?

Please describe any significant achievements and abilities, honors received, or special features of her program:

Please explain or comment on any significant variances in the student's academic record:

If the student is transferring, is she eligible to return to your institution?

Has the candidate been subject to disciplinary action or been involved in the use of alcohol or other drugs while at your school? If so, please state circumstances:

Do you know of any limitations or any special problems about which we should be advised? Consider the student's ability to adjust both emotionally and academically to college life. Please explain:

Ratings

Compared to other students in your school who are applying to selective colleges, check how you would rate the applicant in terms of the following:

	No basis	Below average	Average	Good (above average)	Excellent (top 10%)
Creative, original thought					
Motivation					
Independence, initiative					
Intellectual ability					
Emotional maturity					
Ability to cope with stress					
Written expression of ideas					
Effective class discussion					
Disciplined work habits					
Class attendance					
Potential for growth					

Please use this space for any additional information that might give us added insight into the candidate or which may distinguish her as an applicant to this university:

Please check if you prefer that we call for additional information.

Date _____

Counselor's Signature _____

Deadlines:

Early Decision: December 1

Deadline for Scholarships: February 1

Priority Decision: February 15
Hollins accepts fall and spring transfer applicants on a rolling admissions basis.

Please return to:

Office of Admissions
Hollins University
P.O. Box 9707
Roanoke, VA 24020-1707
1-800-456-9595 or
540-362-6401
540-362-6218 (fax)
www.hollins.edu
huadm@hollins.edu

Name _____

Title _____

School _____

City/State _____

Telephone () _____