



Admissions Recommendation Form FOR INTERNATIONAL STUDENTS

To the student requesting the recommendation:

Two recommendations are required by International Admissions. Your recommendations should be from people who are not related to you. One recommendation should deal with **academic ability** and the other should be a **character recommendation**.

Name of student (please print) _____

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, I hereby waive my rights to review this personal reference.

Date _____ Signature _____

Please request that the recommendation be mailed or faxed to the CIIE (see address on reverse side) and specify a deadline for your reference for returning this form to ACU.

To the individual completing this form:

Unless the student has signed the waiver, he or she has the right to review your comments. The goal of this recommendation is to evaluate the applicant's potential to excel and contribute to the campus environment. Please return your completed form directly to ACU. Thank you for your assistance.

How long have you known the student? _____

Your relationship to this student is: Teacher Religious leader Other _____

Signature _____ Print name _____

Title _____ Date _____

Address _____

CHARACTERISTICS	Superior (highest 5%)	Excellent (next 15%)	Above Average (next 20%)	Average (middle 25%)	Below Average (lowest 35%)	No Basis for Judgment
Overall intellectual and analytical ability						
Independence and originality of thought						
Quality of verbal communication						
Quality of written communication						
Maturity and judgment						
Christian conviction						
Initiative and motivation						
Attitude and cooperative spirit						
Leadership skills						
Personality, interpersonal skills						

REFERENCE CONTINUED ON REVERSE SIDE!

Please provide a narrative of your overall evaluation of this student:

Please return this form to: Abilene Christian University, Center for International and Intercultural Education,
ACU Box 28226, Abilene, Texas USA 79699-8226 (or fax to 325-674-2966).

Admission decisions cannot be made without this reference. Please return promptly. Thank you.

Others you recommend as prospective ACU students:

Name _____ Educational level completed _____

Address _____

City _____ Country _____ Postal code _____

Phone _____ Email _____

Name _____ Educational level completed _____

Address _____

City _____ Country _____ Postal code _____

Phone _____ Email _____

Name _____ Educational level completed _____

Address _____

City _____ Country _____ Postal code _____

Phone _____ Email _____