



Recommendation for Admission

TO BE COMPLETED BY APPLICANT

Please type or print.

Applicant's Name: _____
Last First Middle

Current Address _____
Number & Street City State Zip Code

For admission to (check one): Summer/Fall January Term/Spring Year: _____

In compliance with the Family Education Rights and Privacy Act of 1974, effective November 21, 1974, this letter of recommendation, which will be placed in the applicant's admission file, may be reviewed by the individual upon request unless the waiver below has been signed. I waive the right to be shown information on this form which is to be used for undergraduate admission purposes only, and hereby declare it to be confidential.

Applicant Signature _____ Date _____

TO BE COMPLETED BY EVALUATOR

Thank you for completing this recommendation. Your candid and objective appraisal is essential to the admission process at Trinity Lutheran College. Feel free to use the back of this form for additional space. This form is used for admission purposes only.

Name of Evaluator: _____ Date: _____

Address: _____ Phone: _____

Job Title: _____ E-mail: _____

Signature: _____

Trinity Alumnus Church Official Other: _____

1. How long and how well have you known the applicant and in what capacity?
2. Describe the applicant's involvement in community, church, etc.
3. Describe any academic issues which might hinder the applicant's success at Trinity.
4. Please comment on any personal traits or circumstances, positive or negative, connected with this person which you think Trinity should know when considering this applicant.
5. Do you recommend this applicant for admission to Trinity Lutheran College?
 Yes No Why or why not?

6. Further comments you may have regarding the applicant:

Thank you for your assistance.

Please return to: Trinity Lutheran College, Office of Admissions, 2802 Wetmore Ave., Everett, WA 98201 or fax to 425.249.4801. Questions? Call 1.800.843.5659 or go to www.tlc.edu