

Academic Reference

Please have this form completed by a teacher. This form may not be completed by a relative of the applicant.

To be completed by the APPLICANT:

Full Name	Email
Address	City State Zip
Cell Phone	Intended Start Date at Crossroads:

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission:

Signature	Date

To be completed by the EVALUATOR:

The above applicant is applying for admission to Crossroads College and **their application is incomplete until this form is submitted** to the Office of Admissions. Serious consideration is given to this recommendation, so please complete this form carefully and candidly. Be advised that due to the Family Rights and Privacy Act of 1974, the applicant has the right of access to this document unless s/he has signed the waiver statement above. If the waiver statement is not signed and there is information which you would prefer to communicate personally, you may call the Director of Admissions at (800) 456-7651.

How many years have you known the applicant?	
What is your relationship to the applicant?	

How well do you know the applicant? Ust by name and sight Casually (few personal contacts) Fairly well (several personal contacts) Very well (close relationship)	Are there any areas where the applicant might need special attention?	
What are the applicant's strengths and special abilities?	Rate the applicant's involvement in high school: Regularly attended and enthusiastically involved in extracurricular activities Regularly attended, but not extracurricular activities Very irregular attendance	

Crossroads College seeks students who profess a vital Christian faith and are open to instruction with a biblical worldview. The college admits students who are most likely to benefit from this Christian emphasis and who are compatible with the standards of the college.

To your knowledge, would the attitude, beliefs, and present conduct of this applicant coincide with the mission of Crossroads College?

- Yes
- No If no, please explain:

continued on reverse

Please rate the applicant in the following areas by circling the appropriate number. If you are unable to provide information on a specific area, please leave it blank.

	Poor	Below Average	Average	Above Average	Superior
Initiative/Motivation	1	2	3	4	5
Leadership Qualities	1	2	3	4	5
Concern for Others	1	2	3	4	5
Integrity	1	2	3	4	5
Emotional Stability	1	2	3	4	5
Moral Character	1	2	3	4	5
Anticipated Achievement in College	1	2	3	4	5

Anv	turther	comments	about the	applicant?

Recommendation for study at Crossroads College:

- Highly recommend
- Recommend
- o Recommend with reservations
- o Do not recommend

Signature	Date
Printed Name	Employer/Job Title
Phone	Email

Please return this form to: Crossroads College; Office of Admissions; 920 Mayowood Road SW; Rochester, MN 55902. The form may also be faxed to (507) 288-9046 or scanned and emailed to admissions@crossroadscollege.edu.