

RECOMMENDATION FORM

Date \_\_\_\_\_

ANDREWS ACADEMY  
8833 Garland Avenue  
Berrien Springs, MI 49104-0560  
Phone: 269.471.3138 Fax: 269.471.6368

Name of Applicant: \_\_\_\_\_

School applicant is currently attending: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

This is a request for you to provide a recommendation for enrollment at Andrews Academy for the above-named student. Please be candid, but remember that federal law permits the applicant to see this recommendation. Suggestions and comments are particularly helpful in guiding the Admissions Committee in their selection of students for enrollment at this school. Andrews Academy is a Christian school operated especially for students who either experience or sincerely desire to experience a personal fellowship with God. Andrews Academy fosters Christian growth in the context of a thoughtful, academic, behavioral, and responsible atmosphere. The school operates a standard liberal arts secondary program. Please evaluate and recommend the above-named applicant in terms of his/her acceptability for admission to this Seventh-day Adventist school (grades 9-12). Thank you so very much.

As you have known this young person, how would you characterize his/her experience? Check the appropriate boxes:

	Unsatisfactory	Area of Concern	Average	Satisfactory	Responsible/Committed
Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We recommend the following:

- acceptance without reservation
- acceptance with reservation
- no acceptance at this time

We would prefer talking to you personally about this applicant

Telephone number \_\_\_\_\_

Comments:

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Form filled out by: \_\_\_\_\_  
Position: \_\_\_\_\_  
Organization: \_\_\_\_\_

PLEASE MAIL OR FAX THIS FORM TO THE ADDRESS OR FAX NUMBER ABOVE.