

RECOMMENDATION FORM**ANDREWS ACADEMY**

8833 Garland Avenue

Berrien Springs, MI 49104-0560

Phone: 269.471.3138 | Fax: 269.471.6368

academy@andrews.edu | academy.andrews.edu



Date _____

Name of Applicant _____

School the applicant is currently attending _____

School Address _____

School Phone _____ School Fax _____

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 below:**

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

Additional Comments _____

FORM COMPLETED BY:

Print Name _____ Signature _____

Organization _____ Position _____

Telephone number _____ How long have you known the applicant? _____

PLEASE MAIL OR FAX THIS FORM USING THE CONTACT INFORMATION STATED ON THE TOP OF THE PAGE