

ENGLISH FACULTY REFERENCE FORM

Application Postmark Deadlines: **Early Decision I: November 20**
Early Decision II: January 1
Regular Decision: January 20
International First-year and Transfer: January 20

TO THE APPLICANT

Please complete the top portion and give this form to one of your present or former instructors of **English**. A journalism, debate, forensic, or speech coach/adviser is welcome to submit an additional letter of recommendation in support of your application, but their recommendation will not fulfill this requirement.

Please type or print.

Ms.

Mr.

Legal Name	First	Middle	Last (Family)

Home Address	Number and Street	City	State	Zip	(Country)
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In accordance with the Federal Family Educational Rights and Privacy Act of 1974, matriculating students have access to their application files. The Act further provides that you may waive your right to see your evaluation. Please indicate your preference by checking the appropriate box.

I waive or I do not waive my right of access to this evaluation.

Signature _____ Date _____

TO THE FACULTY MEMBER

Grinnell College is a highly selective, residential, liberal arts and sciences, independent, coeducational college enrolling 1,400 students. The College enrolls a socio-economically, religiously, ethnically, and geographically diverse student body from all 50 states, the District of Columbia and Puerto Rico, as well as over 40 other nations, and is consistently regarded among the top dozen liberal arts colleges in the United States.

We appreciate your willingness to help us assess this student's qualifications for admission to Grinnell and your cooperation in responding promptly to this request.

Please list the courses you have taught this student, the student's grade level at that time, and the grade earned.

Course	Grade Level	Grade Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name (please print) _____

Faculty position _____

School name _____

Address _____
Number and Street City State Zip

Telephone _____
Area Code Number

FAX number (if available) _____

Electronic mail address (if available) _____

Please check the appropriate spaces below.

A.

Personal Qualities	No Basis for Judgment	Below Average	Average	Above Average	Excellent (Top 10%)	One of top few students I have ever encountered
General Intelligence/ Intellectual Promise						
Motivation						
Integrity						
Independence						
Originality						
Leadership						
Reaction to Setbacks						
Sense of Responsibility						
Warmth of Personality						
Concern for Others						
Tolerance of Differences						
Respect of Classmates						
Respect of Faculty						

B. Please state briefly your assessment of this student's academic strength, achievement, and promise. Comment on his/her classroom performance, degree of intellectual curiosity, initiative, willingness to accept responsibility, writing ability, and desire to succeed. Please also call to our attention any special circumstances that may have affected this student's performance in class, positively or negatively.

C. How long have you known this applicant? _____

- D.** I enthusiastically recommend the admission of this applicant to Grinnell College.
 I strongly recommend that this applicant be given the opportunity to show his/her ability.
 I recommend this applicant with reservations.
 I do not recommend this applicant for admission to Grinnell College.

Signature _____ Date _____

Please return this form directly to: Office of Admission, Grinnell College, Grinnell, IA 50112-1690.

The candidate's application for admission will not be considered until this form is filed with the Office of Admission.