

Teacher Recommendation Form

Student

Please complete your information and then give this recommendation to the counselor of your choice.

The Family Educational Rights and Privacy Act.

Under the provisions of this act, you have the right, if you enroll at Seton Hall, to review your educational records, which include this Teacher Recommendation.

Please check the appropriate box indicating whether or not you wish to waive this right, and sign your name.

- I waive my rights.
- I do not waive any rights that I may have to this recommendation should I enroll at Seton Hall.

First Name	MI	Last Name
Address		
City	State	Zip/Postal Code
Birth Date	Social Security # (optional)	
Student Signature	Date	

Teacher

Please return this completed form along with a letter of recommendation to Seton Hall University, Office of Admissions, 400 South Orange Ave., South Orange, NJ 07079. We can give the student an admission decision only once we've received these materials.

Your input is extremely valuable and we appreciate your assistance. Thank you.

Name	Title	School Phone #
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High School Name

How would you rate your Recommendation for Admission for this student? Poor Fair Strong Enthusiastic

	Outstanding (Top 2-3%)	Excellent (Top 10%)	Above Average	Average	Below Average	No Basis for Judgment
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____

Signature _____

Date _____

Please attach a letter of recommendation.