

Educator's Reference



To be completed by a teacher in one of the following subjects: English, foreign language, science, math, or social studies. A letter of reference may be substituted for this form.

The applicant named below has asked you to complete this reference as part of an application to Luther College. Please answer the following questions as candidly as possible. This form will be used for admission purposes only and will not be a part of the student's permanent file. When you have completed the form, simply **fold it in half**—turning the business reply information outward—seal, and drop it in the mail. We are grateful for your insights.

The Applicant

Applicant's Name _____ City/State _____

How long have you known the applicant? _____

List any courses you have taught him or her _____

The admission committee evaluates each applicant's academic preparation, academic achievement, and character. Please describe this individual's most outstanding characteristics as a student.

Evaluative Statements

Please rate the student on each of the following items in comparison with other college-bound students in your school.

	Excellent (top 5%)	Very Good (well above average)	Good (above average)	Average	Below Average	No Basis for Evaluation
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence, Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Intellectual Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About Yourself

Signature _____ Date _____

Name _____

Title _____ If Luther alumna or alumnus, class of _____

School Name _____ School Phone (_____) _____

School Address _____

City _____ State _____ ZIP _____