



# Houghton College Utica

Houghton College Utica  
P.O. Box 355  
Utica, New York 13503

315.922.2190  
utica@houghton.edu

## General Recommendation Form

### To the Applicant:

Please print your name on the line below and give this form to a non-related adult who can provide insight into your character and personal qualities.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

I hereby voluntarily waive my right of access to information contained on this recommendation form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### To the adult reference:

This recommendation will be used solely for evaluating the applicant for admission. All admission records are held in strict confidence, and we appreciate your open and forthright comments.

### **Questions:**

How do you know this applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the applicant's greatest strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the applicant's greatest struggles?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As best you can ascertain, how certain are you that this applicant is ready for college?

Very      Somewhat      Unsure

Please share any additional insights that might be helpful to know.

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**Reference Information:**

Reference Name			Occupation
Mailing Address			
City	State/Province	Zip/Postal Code	Country
Daytime Phone		Email Address	
Signature			Date

Please mail or email completed forms directly to:

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