



Houghton College Buffalo Teacher Recommendation FORM

Houghton College Buffalo
One Symphony Circle
Buffalo, NY 14201
716.222.9615
buffalo@houghton.edu

To the applicant:

Please print your name on the line below and give this form to a teacher who can provide insight into your academic abilities.

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
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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, particularly in regards to academics?

What are the applicant's greatest struggles, particularly in regards to academics?

In relation to other college-bound students that you have known, how does this student compare in the following areas?

Turns in work on time	<i>Regularly</i>	<i>Sometimes</i>
Attends school regularly	<i>Regularly</i>	<i>Sometimes</i>
Participates in classroom discussion	<i>Regularly</i>	<i>Sometimes</i>
Comes to class prepared	<i>Regularly</i>	<i>Sometimes</i>
Asks for help with assignments	<i>Regularly</i>	<i>Sometimes</i>

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

Reference Information

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

Please mail or email forms directly to:

Mail

Houghton College Buffalo
One Symphony Circle
Buffalo, NY 14201

Email

buffalo@houghton.edu