



Houghton College Buffalo

General 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 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
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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?

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.

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