



### ACADEMIC RECOMMENDATION

#### To be completed by applicant

Name of Applicant: \_\_\_\_\_

NUMBER AND STREET CITY STATE ZIP

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birthdate -- For Admission to  Summer  Fall  J-Term  Spring  
Year: \_\_\_\_\_

In compliance with the Family Education Rights and Privacy Act of 1974, effective November 21, 1974, this letter of recommendation, which will be placed in the applicant's admission file, may be reviewed by the applicant upon request unless this waiver has been signed.

Do you waive the right to be shown information on this form, which is to be used for undergraduate admissions purposes only.  
 Yes  No

NAME OF APPLICANT (PRINT)

SIGNATURE OF APPLICANT

DATE

#### To be completed by respondent *(a qualified person familiar with your academic record such as a principal, teacher or counselor)*

Name : \_\_\_\_\_

School: \_\_\_\_\_ Title: \_\_\_\_\_

SCHOOL ADDRESS CITY STATE ZIP

Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SIGNATURE OF RESPONDENT

DATE

***Please respond to the following questions, which will be considered in the application and scholarship process. PLU welcomes the inclusion of letters of recommendation in an applicant's admission file.***

How long have you known the applicant and in what context? Please list any course(s) you have taught this student.

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*(continued on back page)*

PACIFIC LUTHERAN UNIVERSITY  
FRESHMAN APPLICATION

What four words would you use to describe this applicant?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you believe that the applicant's academic record is reflective of his or her ability?  Yes  No

In 3-5 sentences, please comment on this student's academic record and their ability to succeed in a rigorous baccalaureate program:

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How familiar are you with PLU?

I am a PLU alum  I know PLU well  I am familiar with PLU  I know very little about PLU

Do you recommend this applicant for admission to PLU?

Without reservation  Yes  Yes, but with concern  No

*Please return to: Office of Admission, Pacific Lutheran University, Tacoma, Washington 98447  
Fax: 253-536-5136 E-mail: [admission@plu.edu](mailto:admission@plu.edu)*