



TRANSFER ACADEMIC RECOMMENDATION

PACIFIC LUTHERAN UNIVERSITY

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
MONTH DAY YEAR 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 such as instructor, academic advisor or a mentor.)*

Name : _____

School/Organization: _____ Title: _____

OFFICE 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? If you have had the student in your class, please list any courses you have taught this student.

What four words would you use to describe this applicant?

_____/_____/_____/_____

(continued on back page)

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:

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,
12180 Park Avenue South
Tacoma, Washington 98447
Fax: 253-536-5136 or E-mail: admission@plu.edu***

PLU does not discriminate on the basis of race, color, national origin, sex, sexual orientation, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Title IX Coordinator, PLU Human Resources, Tacoma, WA 98447; 253.535.7187.