SCHOOL REFERENCE FORM

TO THE APPLICANT: Complete the information in this box and sign the form. Then give the form to a (non-relative) teacher or professor to complete and return to the college as soon as possible. Referrals should be able to address academic ability, performance and potential.

Applicant’s Name: __________________________________________________
Phone: __________________________________________________________
Address: ____________________________________________________________________

STREET/BOX NUMBER          CITY      STATE      ZIP

I have waived my right of access to information included on this reference form. It is therefore confidential and will be seen only by the Admissions Committee.
Applicant’s Signature: ___________________________ Date: ___________________________

[YOU MAY ALSO COMPLETE THIS FORM ONLINE AT HTTP://ADMISSION.MILLIGAN.EDU/SCHOOL/]

TO THE PERSON COMPLETING THIS FORM: As an applicant for admission to Milligan College, the student named above is required to submit a school reference. Your comments are important; please carefully complete the evaluation and return the form promptly to: Office of Admissions, Milligan College, P.O. Box 210, Milligan College, TN 37682. OR complete the form online at http://admission.milligan.edu/school/.

[RATINGS]
Please summarize your reference by checking your estimate on the following items (in comparison to peers):

<table>
<thead>
<tr>
<th>Academic Ability</th>
<th>OUTSTANDING (TOP 5%)</th>
<th>VERY GOOD (TOP 10%)</th>
<th>GOOD (TOP 25%)</th>
<th>AVERAGE (TOP 50%)</th>
<th>BELOW AVERAGE (BOTTOM 50%)</th>
<th>UNKNOWN</th>
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<tbody>
<tr>
<td>Academic Performance</td>
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<td>Ability to Relate to Peers</td>
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<td>Cooperativeness</td>
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<td>Dependability</td>
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<td>Emotional Maturity</td>
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<td>Leadership Ability</td>
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<td>Motivation</td>
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<td>Sense of Humor</td>
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<td>Warmth of Personality</td>
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<td>Reputation</td>
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</table>

THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.
[RECOMMENDATION CONCERNING ACCEPTANCE]

☐ Highly Recommend  ☐ Recommend  ☐ Recommend with Reservations  ☐ Prefer Not to Recommend

Please explain your answer: ________________________________________________________________
________________________________________________________________________________________
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If you would like to discuss this candidate further or refer other students to Milligan, please contact the admissions staff at 800.262.8337 or 423.461.8730, or e-mail admission@milligan.edu.

Signature: ________________________________ Date: ________________________________

Please print name ________________________________ Title: ________________________________

Have you taught the applicant in a classroom setting? ☐ Yes  ☐ No

School: __________________________________________________________

Address: __________________________________________________________
STREET/BOX NUMBER  CITY  STATE  ZIP

Office Phone Number: (                ) ________________________________ E-mail: ________________________________

Are you a Milligan Alumnus? ☐ Yes, Class of__________  ☐ No

Please submit this form to:

OFFICE OF ADMISSIONS
P.O. BOX 210
MILLIGAN COLLEGE, TN 37682

FAX 423.461.8982

▶YOU MAY ALSO COMPLETE THIS FORM ONLINE AT HTTP://ADMISSION.MILLIGAN.EDU/SCHOOL/ ◀