

TO THE APPLICANT

After you have completed the Student Information Section, give this form to your school counselor or other school official to complete.

Last Name _____ First Name _____ Middle _____
Date of Birth _____ Graduation Year _____
Address _____ City/Town _____
State _____ Zip _____ Country _____
High School _____

TO THE RECOMMENDER

Last Name _____ First Name _____
Signature _____ Date _____
Phone _____ E-mail _____
Relationship _____ How long have you known the student? _____

Ratings:

	N/A	Below Average	Average	Above Average	Excellent Top 10%	Outstanding Top 5%	Top 1%
Academic achievement							
Intellectual promise							
Creative, original thought							
Respect for others							
Disciplined work habits							
Maturity							
Motivation							
Leadership							
Initiative, independence							
Overall							

Additional Comments _____

Please submit this form by email, fax, or mail.

Email: precollege@marist.edu

Fax: 845.575.3215

Mail: Marist College, Office of Undergraduate Admission, 3399 North Road, Poughkeepsie, NY 12601 Rev. 3/17