



Student – Complete this section:

Name (Family Name) First

Address

Telephone Number

Please read the following statements and sign the one you prefer:

I understand this evaluation is confidential and I waive my right to read it.

Student signature

or

I do not waive my right to read this form should I enroll at Bethel College and therefore this is not confidential.

Student signature

Academic Counselor – Complete this section:

Please mark the appropriate space in each area to evaluate the applicant.

Table with 6 columns: Evaluation Category, Excellent, Good, Average, Below Average, Poor. Rows include: Seriousness of purpose, Ability of study, Ability to communicate orally, Ability to communicate in writing, Initiative, Responsibility, Emotional stability, Concern for others, Overall Recommendation, For academic promise, For personal promise, Comments.

I have known the applicant for _____ years.

Signature Position Date

High School Name School Telephone Number

High School Address Country

PLEASE ATTACH AN OFFICIAL TRANSCRIPT OF THE APPLICANT’S HIGH SCHOOL WORK TO THIS RECOMMENDATION.

Send to: Office of Admissions Bethel College 300 East 27th Street North Newton, KS, U.S.A. 67117-8061

Telephone:316-283-2500 Fax: 316-284-5870 admissions@bethelks.edu www.bethelks.edu