

# MAGDALEN COLLEGE

## Recommendation Form



Referees can either write their own letter of recommendation **OR** submit this recommendation form to the Magdalen College Admissions Office. Electronic submissions can be sent to [admissions@magdalen.edu](mailto:admissions@magdalen.edu) and hard copies can be mailed to Magdalen College, C/O Admissions, 511 Kearsarge Mountain Road, Warner, NH 03278.

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### PART I. (To be completed by applicant)

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

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### PART I. (To be completed by the Referee)

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

Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**The information in this letter of recommendation will be considered confidential and will not be released to the applicant or anyone outside Magdalen College.**

1. Relationship to the applicant: \_\_\_\_\_
2. How long have you known the applicant: \_\_\_\_\_
3. Specific abilities: For each category, please check the most appropriate box.

	Outstanding	Good	Marginal	N/A
Academic Achievement				
Self-Reliance				
Verbal Skills				
Writing Skills				
Interpersonal Skills				
Overall rating				

4. General Appraisal: Please expand upon your selections above (attach a sheet if necessary):

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