

TEACHER EVALUATION

Please print or type your name and address below, then give this form to a teacher who has taught you in an academic subject during your junior or senior years. You should also provide the teacher with a stamped envelope addressed to:

Admission Office, Guilford College, 5800 West Friendly Avenue, Greensboro, NC 27410, so that it can be returned promptly to Guilford to complete your application

TO THE APPLICANT

STUDENT'S LAST NAME	FIRST	MIDDLE	
STREET ADDRESS			
CITY	STATE	ZIP CODE	
candid evaluation of his/her	admission to Guilford College. abilities and potential. We hig andidate's classroom performan	hly value your comments	
	nfidentiality, we remove all rec e applicant has the opportunit		
	this recommendation as soon a your questions or comments. Tl		
TEACHER'S NAME	POSITION		
SCHOOL NAME	STREET ADDRESS		
CITY	STATE	ZIP CODE	
How long have you known th	ne applicant and in what contex	xt?	
TATI + + 1 C +	at come to your mind to describ	- 411:42	

TO THE TEACHER

In what courses have you taught the applicant? Please note the grade level and the difficulty (AP, accelerated, honors) of each course.

What impact do you believ	ve this stude	nt will have at	Guilford	College?			
Please include any addition particularly interested in leadership ability, special form of a letter, feel free to	the applicar talents and	nt's intellectua potential for g	l promise rowth. If	e, motivatior you prefer t	ı, maturity, integrit o make your comm	y, creativity,	
Guilford College is an institution which works best for students who are academically well-prepared, motivated and self-directed. How well does the applicant fit this description?							
How would you compare the applicant to her/his entire class?							
	TOP RANK	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	OF CONCERN	
Analytical ability							
Overall							
Potential							
Written expression of ideas							
Creativity							
SIGNATURE		TITLE			DATE		