MOUNT HOLYOKE

FRANCES PERKINS PROGRAM **ACADEMIC REFERENCE FORM**

To the Applicant

If you are now in college or have been in college within the last five years, please fill in the information requested below and give this form to a member of the teaching faculty or an adviser, with a stamped envelope addressed to the Frances Perkins Program.

Student name _____ Social Security No.__ __ __ - __ __ - __ __ __ __
LAST FIRST MIDDLE OPTIONAL

Home address _____

_____

Name of person giving reference _____

Address _____
CITY STATE, PROVINCE, OR COUNTRY ZIP OR POSTAL CODE

College _____ CEEB code _____

College address _____
CITY STATE, PROVINCE, OR COUNTRY ZIP OR POSTAL CODE

To the Instructor

The above-named student has applied for transfer admission to Mount Holyoke College in the Frances Perkins Program for women beyond traditional college age. The Admission Committee would appreciate having your candid estimate of her qualifications as soon as possible. (In compliance with Section 504 of the Rehabilitation Act of 1973 as amended, Mount Holyoke College does not discriminate on the basis of handicap in admission or access to its programs. Recommendations should therefore not refer directly to any handicap an applicant may have.)

How long have you known the applicant? _____

In what course and course level was she your student? _____

How does she compare with other students you have taught in the past five years? _____

_____

_____

What is your evaluation of her academic potential and personal qualifications for completing a bachelor of arts degree at Mount Holyoke College? The Admission Committee is particularly interested in an evaluation of the candidate's intellectual ability and interest, industry, independence, enthusiasm, sense of responsibility, and any special talent, quality, or unusual circumstances that should be taken into consideration. *Please feel free to attach a separate letter.*

Name (please print or type) _____ Title _____

Signature _____ Date _____

Email _____ School phone _____ School fax _____