

## General Recommendation

Experimental College

To the applicant: Please fill in the box below. The due date is the same as the due date for the application. The person completing the form should be any person who knows you well.

ExCo Instructor's name: \_\_\_\_\_

ExCo Course Title: \_\_\_\_\_

Recommendation Due Date: \_\_\_\_\_

To the recommender: Please be as honest as possible; your comments will be kept confidential. Thank you for your time and assistance. After completion, please drop off this form at our office, Wilder 302, or send it to the ExCo Committee at Wilder Box 13, 135 W. Lorain St., Oberlin OH 44074. Please contact the ExCo Committee at [exco@oberlin.edu](mailto:exco@oberlin.edu) or at 440-775-8096 if you have any questions.

What has been your relationship to the applicant?

Please comment on the applicant's knowledge of the proposed course material.

Please comment on the personal characteristics of the applicant, e.g. leadership, responsibility, reliability, interpersonal and communication skills, and enthusiasm.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

*Revised 3/04*