

**Office of Admission
84 Alford Road
Great Barrington, MA 01230-1978**

APPLICATION FOR ADMISSION

Phone: 800-235-7186 **Fax:** 413-541-0081

E-mail: admit@simons-rock.edu

Applying to enter in: ☐ Fall (August) ☐ Spring (January) 20____

Applying for: ☐ Priority Decision (February 1) ☐ Regular Decision (May 1)

Academic Recommendation

To the Applicant:

Legal Name

Last/Family/Sur

First/Given

Middle

Preferred First Name

Date of Birth

Phone

Email

PRIVACY NOTICE: By signing this form, I authorize the school to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed for admission by Bard College at Simon's Rock. I further authorize the admission officers reviewing my application to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

☐ Yes, I do waive my right to view this document. ☐ No, I do not waive my right to view this document.

Applicant's Electronic Signature

Date _____

To the Recommender:

Bard College at Simon's Rock is a selective, private, nondenominational, coeducational college of the liberal arts and sciences specifically designed to offer bright, highly motivated students with the opportunity to begin college after the tenth or eleventh grade. We appreciate your frank and detailed account of the candidate. Please provide all available information for this applicant and sign below.

Recommender's Name Mr./Mrs./Ms./Dr.

Subject Taught

Secondary School/Organization Name

School/Organization Address

Number and Street

City/Town

State/Province

Zip/Postal Code

Country

County/Parish

Recommender's Phone ()

Area/City Code

Number

Extension

Recommender's Email

About the Applicant:

What words first come to mind when you think of this student?

How long have you know this student and in what context?

Describe the extracurricular, community or employment activity and your relationship (supervisor, coach, advisor, etc.) to the applicant.

RATINGS

Compared to other students to whom you have taught class, how do you rate this student in terms of:

No basis		Below average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few encountered in my career
	Initiative, independence							
	Self-confidence							
	Concern for others							
	Reaction to setbacks							
	Integrity							
	Leadership							
	Motivation							
	Maturity							
	Disciplined work habits							
	Respect accorded by student peers							
	Respect accorded by adults							
	Productive group discussion							
	Creative, original thought							
	Quality of writing							
	Quality of spoken communication							
	Intellectual Promise							
	Academic Achievement							
	OVERALL							

Evaluation

If you prefer, you may answer these questions in a personal letter on official letterhead [and attach it to this form]. (1) Please comment on the candidate's participation in the activity with which you are involved. Of particular interest to the admission committee are qualities like initiative, enthusiasm, dedication, leadership, and teamwork, and how this candidate compares in these areas to others with whom you've worked. Assess the candidate's: (2) social maturity and peer relations; and (3) readiness to engage in the kind of independent work and living required in college. Are there any academic, social, and/or personal habits you've observed that need further development in order for the candidate to succeed in a college environment? (4) Comment on any background information or special circumstances that you think may be relevant to our assessment of the candidate. We welcome information that will help us to differentiate this student from others.

Signature

Date

