



HEBREW THEOLOGICAL COLLEGE

A MEMBER OF TOURO UNIVERSITY

7135 North Carpenter Road
Skokie, Illinois 60077
Phone: (847) 982-2500 Fax: (847) 745-0200
www.htc.edu

Recommendation Form for Application to Hebrew Theological College

To the Applicant: Please complete the portion above the dotted line and then give this form to the individual making the recommendation.

Name of Applicant: _____ Social Security Number: _____

Please indicate your decision below before giving this to the individual making the recommendation.

- This evaluation is to be considered non-confidential. The evaluation may be shown to me upon my request.
- This evaluation is to be considered confidential. I hereby waive my right to review it under the provisions of the Family Educational Rights Privacy Act of 1974, and I understand that the contents of this evaluation will not be available for any inspection, now or at any time in the future.

Applicant's Signature: _____ Date: _____

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To the individual completing this Recommendation Form: Thank you very much for completing this form. We believe that your evaluation of the above named applicant is an important ingredient in our admissions decision. We appreciate you taking the time to help us in this process.

Your Name: _____

How long and in what capacity have you known the Applicant: _____

Name of Your Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please evaluate the applicant using the grid below:

| Student's Traits | Below Average | Average | Good | Very Good | Excellent (Top 5%) |
|---|---------------|---------|------|-----------|--------------------|
| Desire for academic growth. | | | | | |
| Consideration for others. | | | | | |
| Commitment to religious decorum. | | | | | |
| Responsiveness to constructive criticism. | | | | | |

Please answer the following questions focusing on the student's academic potential, character, maturity and readiness for undertaking a rigorous academic program.

Your observations of the student's outstanding strengths:

Your observations of the student's weaknesses:

Your observations of the student's social skills:

Your observations of the student's academic skills:

- I highly recommend this applicant for admission
- I recommend this applicant for admission
- I cannot recommend this applicant for admission

Signature of recommender

Date

Note to Recommender: Please feel free to use additional pages if necessary and attach to this form.