



SPRING ARBOR UNIVERSITY

PROFESSOR RECOMMENDATION

Name of Applicant _____

This student has applied as a transfer student for admission to Spring Arbor University.

Please respond to the following questions.

1. How well do you know the applicant? (Check one)

____ Know very well. ____ Know fairly well. ____ Do not know personally.

2. In what area is the applicant's outstanding ability?

3. Comment on the applicant's character and personality.

4. Additional comments are welcome.

Name _____ Telephone (_____) _____

Position _____ Date _____

Signature _____

Please return this recommendation to: OFFICE OF ADMISSIONS

Spring Arbor University Spring Arbor, Michigan

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