

# Lake Forest College

## Teacher's/Professor's Recommendation



LAKE FOREST  
COLLEGE

### To the Applicant

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After you have filled in the information below, give this form to the teacher of your choice. Please supply this person with a stamped envelope addressed to Office of Admissions, Lake Forest College, 555 North Sheridan Road, Lake Forest, Illinois 60045.

Applicant's name\_ (Please Print)                      Last                      First                      Middle

Applicant's address\_                      Street

\_\_\_\_\_  
City                      State                      Zip Code

#### This form is due by:

##### First-Year Students

- Early Decision I and II—November 1 and January 15 (binding)
- Early Action I and II —November 1 and January 15 (non-binding)
- Regular Decision—February 15

##### Transfer Students

- Fall Semester—August 1
- Spring Semester—January 1

### To the Teacher or Professor

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The above-named student has applied for admission to Lake Forest College. Your comments about this applicant will be valuable to us and will be kept in the strictest confidence. This form will **not** become a part of the student's permanent record. ***Feel free to submit the letter on your school's letterhead if preferred.***

How long have you known the applicant? \_\_\_\_\_

In which subjects have you taught the applicant? \_\_\_\_\_

Please tell us what you can about the applicant as a student. In addition to comments you may wish to make about the candidate's academic strengths and weaknesses, please include information about this student's study habits, motivation for academic work, breadth and depth of intellectual interests, originality, and capacity for growth. Please attach an additional sheet if necessary.

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How well does the applicant get along with other students? \_\_\_\_\_

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How well does the applicant get along with adults? \_\_\_\_\_

\_\_\_\_\_

Do you think this student exhibits characteristics that might hinder integration into a college community?

Yes  No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Please use the space below to elaborate upon aspects of the candidate's background you think are pertinent to this application.

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Your Name \_\_\_\_\_ Signature \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

School Address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please send this completed form to:  
Office of Admissions, Lake Forest College, 555 North Sheridan Road, Lake Forest, Illinois 60045-2399.  
Email: Admissions@lakeforest.edu