Lake Forest College
Teacher's/Professor's Recommendation

To the Applicant

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

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?

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.


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