



Academic Evaluation Form

Office of Undergraduate Admissions, 1 University Park Drive, Nashville, TN 37204-3951, admissions.lipscomb.edu, Ph. 877.LU.BISON, Fax 615.966.1804

To The Student Requesting This Evaluation

An academic evaluation is required by Lipscomb Admissions. Your evaluation should be from a teacher, principal, guidance counselor or other school official. To send this form electronically to your selected evaluator, visit admissions.lipscomb.edu/referencerequest.

Name of Student _____ SS# _____

Street Address _____

City, State, Zip _____ Home Phone () _____

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, I waive my rights to review my academic evaluation.

Applicant's Signature _____ Date _____

To The Individual Submitting This Evaluation

Name _____ Phone () _____

Relationship to Student: Teacher Principal Guidance Counselor Other _____

Email Address _____ Fax # () _____

High School Name _____ High School CEEB _____

Please attach a letter to this form if any of the spaces below are too small to provide an adequate response.

Has the applicant ever been suspended or dismissed from school for any reason? No Yes, Please explain _____

Do you have any doubts about the applicant's ability to graduate from college? No Yes, Please explain _____

Does the applicant have any personal habits/attitudes that you feel are inconsistent with attendance at a Christian university?

No Do not know Yes, Please explain _____

Compared to other students in his/her class year, how do you rate this student in terms of:

- | | | | | | |
|-----------------------|--|----------------------------------|--|------------------------------------|---------------------------------|
| Academic achievement: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent | <input type="checkbox"/> Unsure |
| Intellectual promise: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent | <input type="checkbox"/> Unsure |
| Quality of writing: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent | <input type="checkbox"/> Unsure |
| Maturity: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent | <input type="checkbox"/> Unsure |
| Leadership: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent | <input type="checkbox"/> Unsure |
| Integrity: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent | <input type="checkbox"/> Unsure |
| Reaction to setbacks: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent | <input type="checkbox"/> Unsure |
| Motivation: | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average | <input type="checkbox"/> Excellent | <input type="checkbox"/> Unsure |

Other comments you would like to share: _____

We appreciate any personal comments about the applicant's personal abilities and attitudes that you may wish to attach. This form is considered confidential and will be destroyed by Lipscomb University after the admissions decision has been made. Please return this form to the address located on the back of the evaluation.

Signature _____ Date _____