

Transfer Student Letter of Recommendation Form

Dear Administrator/Teacher,

Please complete this form and email to the Admissions Team at Cardinal Newman High School at admissions@cardinalnewman.com. Thank you!

Name:	School:
Position:	Date:

STUDENT NAME: ______CURRENT GRADE:_____

1. How well and in what capacity do you know this student?_____

2. Please identify this student's strengths in the classroom:

Please complete the following:

Areas	Below Average	Average	Good	Excellent	Outstanding
Academic Ability					
Intellectual Promise					
Quality Of Writing					
Integrity					
Conduct					
Productive Class Discussion					
Disciplined Work Habits					
Maturity					
Leadership					
Self-Confidence					
Reaction To Setbacks					
Respect Accorded By Faculty					
Care And Concern For Others					

Signed: _____ Date:____

Thank you for your time and completing this form. If you have any additional concerns regarding this student, please call us at 561-683-6266 Ext. 1050. Thank you!