

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!