



HAMPDEN-SYDNEY COLLEGE

Reenrollment Application

FORM DUE DATES:

JULY 1ST - FALL SEMESTER

DEC. 1ST - SPRING SEMESTER

APRIL 1ST - SUMMER TERM

Teacher's Confidential Reference Form

TO THE STUDENT:

Please fill in the following section and give this form to a teacher who has taught you a **college** course. Include addressed postage-paid envelope to the Office of Student Affairs, c/o Reenrollment Committee, P.O. Box 5, Hampden-Sydney, Virginia 23943. Please type or print in ink.

Name _____
FIRST MIDDLE LAST JR, III, ETC.

Address _____
STREET CITY & STATE ZIP CODE

TO THE TEACHER:

Please return this form, in the envelope provided, to the Office of Student Affairs, c/o Reenrollment Committee, P. O. Box 5, Hampden-Sydney College, Hampden-Sydney, Virginia 23943.

The student named above is applying for reenrollment to Hampden-Sydney College. The Reenrollment Committee finds candid evaluations helpful in choosing from among highly qualified applicants. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college. We would appreciate if you would submit your reference promptly. We are grateful for your assistance.

Materials submitted in support of an application for reenrollment to Hampden-Sydney College are used only by those members of the Reenrollment Committee charged with the responsibility of reenrollment decisions. In accordance with the Family Educational Rights and Privacy Act of 1974, however, enrolled students do have access to their permanent files, which may include forms such as this one. Since we value your comments highly, we ask that you complete the form with the knowledge that it may be retained in the student's file, should the candidate reenroll at Hampden-Sydney College.

How long have you known the applicant? _____

Note any capacity in which you have known the applicant outside the classroom (advisor, family friend, etc.): _____

List the academic semester and course(s) you have taught the applicant. If the course has not been completed, please list the current grade.

Teacher's Name (*print*) _____

Title or Position _____

School _____ School telephone (_____) _____

School Address _____
STREET CITY & STATE ZIP CODE

Signature _____ Date _____

ACADEMIC SKILLS & POTENTIAL RATINGS

Compared to other students applying to selective colleges, check how you would rate the applicant.

	<i>Outstanding (top 2 or 3%)</i>	<i>Excellent (top 10%)</i>	<i>Good (above average)</i>	<i>Average or below</i>	<i>No basis for judging</i>
Creative qualities					
Independence, initiative					
Intellectual ability					
Written expression of ideas					
Effective class discussion					
Disciplined work habits					
Relative maturity					
Peer relationships					
Leadership potential					

TEACHER'S EVALUATION

What are the first words which come to mind to describe the applicant?

Academic characteristics:

Personal characteristics:
