



## DISCOVERY PROGRAM RECOMMENDATION

High School Teacher Recommendation

Personal Recommendation

### SECTION 1: To be completed by the student (please print)

Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

High School: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby waive my right of access to the information recorded below. **OR** I do not waive my right of access to the information recorded below.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### SECTION 2: To be completed by the teacher or personal reference

Instructions: The discovery program at Bluffton University is a unique program to assist students who show academic promise, but may need extra support while attending school. Please rate the applicant as fairly as possible, so that we can appropriately support him/her. In filling out this chart, please compare the applicant to the other students in your school system.

	Excellent	Good	Average	Below Average	Poor	N/A
Seriousness of purpose						
Ability to study						
Ability to communicate orally						
Ability to communicate in writing						
Initiative						
Willingness to ask for & accept help						
Responsibility						
Emotional stability						
Concern for others						
Willingness to work with others						
Maintains a balance between extra-curricular activities & academics						

**Overall Recommendation**

For academic promise						
For personal promise						

Comments:

I have known the applicant for \_\_\_\_\_ years.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Send to: Office of Admissions  
 Bluffton University  
 1 University Drive  
 Bluffton, OH 45817  
 Fax: 419-358-3081

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date \_\_\_\_\_