



RANDOLPH-MACON ACADEMY

Recommendation Form Principal/Counselor/Teacher

This section to be completed by the student and parents:

Student's Name: _____
Last First Middle

Applying for Grade _____ in the 20____-20____ school year for the Fall Spring Summer Term.

I waive my right to read the confidential recommendation for the student listed above.

Signature of student Date

Signature of parent or guardian Date

This section to be completed by principal, counselor, or teacher. The student named above has applied for admission to Randolph-Macon Academy. Please complete this form using your professional judgment. The information will be strictly confidential. Thank you.

1. Please comment on the candidate's attitude toward school.
2. To your knowledge, does the student take good advantage of extracurricular activities?
3. Has the student been recognized for outstanding academic, athletic, or artistic performance?
4. What is your candid estimation of the student's moral character?
5. Does the student have a history of disruptive behavior and/or classroom disturbances?
6. Has the student ever been expelled or suspended? ___Yes ___No Please explain.
7. To your knowledge, has the student had any involvement with drugs, alcohol, or law enforcement authorities?
___Yes ___No Please explain.

To the best of your ability, please evaluate the student in the following categories:

Academic Ability	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Intellectual potential						
Intellectual motivation						
Class participation						
Initiative						
Creative qualities						
Stays on task						
Preparedness						

Character	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Emotional maturity						
Respect for authority						
Sensitivity to others						
Peer interaction						
Leadership						
Responsibility						
Honesty						
Reaction to criticism						

Name _____ How long have you known the student? _____

Mailing address _____

City _____ State _____ Zip code _____ Phone number _____

School _____ Title/Subject taught _____ Relationship to student _____

Signature _____ Date _____

Please return as soon as possible to:
Office of Admissions
Randolph-Macon Academy
200 Academy Drive
Front Royal, VA 22630
FAX: 540-636-5419

For more information, contact us at:
 (540) 636-5484
 admissions@rma.edu
 www.rma.edu