



RANDOLPH-MACON ACADEMY

Recommendation Form *Principal/Counselor/Teacher*

This section to be completed by the student and parents:

Student's Name: _____
Last First Middle

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

Signature of student _____ Date _____

Signature of parent or guardian _____ Date _____

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. What is your candid estimation of the student's character?

3. Please provide any additional feedback regarding the student's conduct or any other information that you feel would be helpful to our school.

Signature and Date: _____

How long have you known the student?: _____

Email address and phone number: _____

Please return as soon as possible to Randolph-Macon Academy's Office of Admission.

Admission Office (540) 636-5484 Fax (540) 636-5419 admission@rma.edu