



# Student Standing Evaluation Form

PLEASE RETURN TO: Office of Admission, University of Mount Union, 1972 Clark Ave., Alliance, OH 44601

Name of Student (Please print) \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Number & Street City State Zip Code

Expected Entrance Date (Fall/Spring and Year) \_\_\_\_\_

Most Recent Institution & Dates Attended \_\_\_\_\_

## To the Student:

This form MUST be completed by a staff or faculty member with appropriate access to pertaining student records at the institution you most recently attended. If past or pending disciplinary issues are evident, the University of Mount Union's Office of Admission may also require a Student Standing Evaluation Form from every institution previously attended and reserves the right to rescind your offer of admission. Our policy requires that this form be signed and received prior to the first day of the term in which you matriculate. Your signature on the line below authorizes release of the information requested.

\_\_\_\_\_  
*Signature of Student*

## To the Staff Member:

The student named above has applied for admission as a transfer student to the University of Mount Union. Please complete the section below and return this form to "Office of Admission, University of Mount Union, 1972 Clark Ave., Alliance, OH 44601". You may use the back for additional comments if needed. **If you are not a university employee who has official access to student conduct and enrollment records, please contact Mount Union's Office of Admission at 330-823-2590 or [admission@mountunion.edu](mailto:admission@mountunion.edu).**

## Confidentiality

Materials submitted in support of an application for admission to the University of Mount Union are used only by those members of the Admission Committee and University staff charged with responsibility of admission decisions. Each person given access to the materials is instructed to maintain strict confidentiality. Mount Union does not provide access to admission records to applicants who are denied, or those students who decline an offer of admission. In accordance with the Family Education Rights and Privacy Act of 1974, however, matriculating 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 in the knowledge that it may be retained in the student's file, should the candidate matriculate at the University of Mount Union. Again, thank you for your cooperation.

1. Was this student subject to any disciplinary action during enrollment in your institution?  Yes  No

If yes, please describe the nature of the charge and the action taken: \_\_\_\_\_

\_\_\_\_\_

2. Is this student eligible for immediate re-enrollment in your institution?  Yes  No

If no, please explain why not: \_\_\_\_\_

\_\_\_\_\_

Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

Institution \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_



# College Instructor's Reference Form

Name of Student (please print) \_\_\_\_\_

Permanent Address \_\_\_\_\_

College or University \_\_\_\_\_

College or University Telephone Number (    ) \_\_\_\_\_

## Applicant Instructions

Fill in the above information and give this form, with a stamped envelope addressed to Office of Admission, University of Mount Union, 1972 Clark Ave., Alliance, Ohio 44601, to a college instructor who has taught you an academic subject.

## Instructions

The student named above is applying for admission to the University of Mount Union. The Admissions Committee finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college. Please submit your reference promptly. A photocopy of this reference is acceptable. We are grateful for your assistance.

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## Evaluation

1. What are the first words which come to mind to describe the applicant? \_\_\_\_\_

\_\_\_\_\_

2. Academic characteristics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Personal characteristics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Academic Skills and Potential Ratings

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

	Outstanding (Top 2 or 3%)	Excellent (Top 10%)	Good (Above Average)	Average or Below	No Basis for Judgment
Creative, original thought					
Independence, initiative					
Intellectual ability					
Academic achievement					
Written expression of ideas					
Effective class discussion					
Disciplined work habits					
Leadership potential					
Relative maturity					
Peer relationships					
Summary evaluation					

## Background Information

How long have you known the applicant? \_\_\_\_\_

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

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List the courses in which you have taught the applicant, noting the applicant's grade or other evaluation results. \_\_\_\_\_

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Please forward this information to the Office of Admission at the University of Mount Union.

Our policies require that this form be signed and dated prior to the processing of the application.

Signature \_\_\_\_\_ Length of time acquainted with candidate \_\_\_\_\_

Please print name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



## International Application

### Teacher Reference Form

Please type or print

Name of Candidate \_\_\_\_\_  
Last First Middle

Candidate's Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City Postal Code Country

School \_\_\_\_\_

School's Address \_\_\_\_\_

### Applicant Instructions

*Please fill in the above information and give this form, with a stamped envelope to a teacher or professor and ask that it be completed and sent as soon as possible to the Office of International Recruitment and Admission, University of Mount Union, 1972 Clark Ave. Alliance, OH 44601, U.S.A.*

### Teacher Instructions

*The student named above is applying for admission to the University of Mount Union. The Admission Committee finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college. The personal information requested below will supplement the student's test results and academic record. If you prefer to write a personal letter or explain in further detail the evaluation you have made, please use the back of this form.*

*Materials submitted in support of application for admission to the University of Mount Union are used only by those members of the Admission Committee charged with responsibility of admission decisions. Each person given access to the materials is instructed to maintain strict confidentiality. Mount Union does not provide access to admission records to applicants who are denied, or those students who decline an offer of admission. In accordance with the Family Educational Rights and Privacy Act of 1974, however, matriculating 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 in the knowledge that it may be retained in the student's file, should the candidate matriculate at the University of Mount Union.*

*Please submit your reference promptly. We are grateful for your assistance.*

### Academic Skills and Potential Ratings

*Compared to other students, check how you would rate the applicant.*

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>	<i>Unknown</i>
Intellectual Ability					
Academic Motivation and Potential for Growth					
Independence and Initiative					
Cooperation					
Leadership					
Character					
Emotional Maturity					



## International Application

### Evaluation

*Other comments (optional)*

### Background Information

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form directly to:  
Office of International Recruitment and Admission, University of Mount Union  
1972 Clark Ave., Alliance, OH 44601-3993, U.S.A.