



# Academic Evaluation Form

Office of Undergraduate Admissions, 3901 Granny White Pike, Nashville, TN 37204-3951, golipscomb.com, Ph. 877-LU-BISON, fax 615-966-1804

## TO THE STUDENT REQUESTING THIS EVALUATION

An academic evaluation is required by Lipscomb Admissions. Your evaluation should be from a teacher, principal, guidance counselor or other school official.

Name of Student: \_\_\_\_\_ SS#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, I waive my rights to review my academic evaluation.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO THE INDIVIDUAL SUBMITTING THIS EVALUATION

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Relationship to Student:  Teacher  Principal  Guidance Counselor  Other \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

High School Name: \_\_\_\_\_ High School CEEB: \_\_\_\_\_

Has the applicant ever been suspended or dismissed from school for any reason?  No  Yes, Please explain \_\_\_\_\_

Do you have any doubts about the applicant's ability to graduate from college?  No  Yes, Please explain \_\_\_\_\_

Does the applicant have personal habits/attitudes that you feel are inconsistent with attendance at a Christian University?

No  Do not know  Yes, Please explain \_\_\_\_\_

The applicant's  weighted  unweighted grade point average is \_\_\_\_\_ on a scale of  4.0  100.  Other \_\_\_\_\_

If your high school grading system is not on the transcript please provide the numerical equivalents for the grades:

A= \_\_\_\_\_ B= \_\_\_\_\_ C= \_\_\_\_\_ D= \_\_\_\_\_ F= \_\_\_\_\_

Class Rank: # \_\_\_\_\_ in a class of \_\_\_\_\_. If your high school does not rank, indicate the applicant's decile from the top: \_\_\_\_\_ in a class of \_\_\_\_\_

Please check one of the following:

- I am well acquainted with the applicant
- I am moderately acquainted with the applicant
- I do not know the applicant personally

Please check one of the following:

- I recommend for admission
- I make no recommendation
- I do not recommend
- Please contact me for further information

*We appreciate any personal comments about the applicant's personal abilities and attitudes that you may wish to attach. This form is considered confidential and will be destroyed by Lipscomb University after the admissions decision has been made. Please return this form to the address located on the back of the evaluation.*

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