

Admission Recommendation

To be completed by APPLICANT

I intend to study at

- Atlanta
 Hong Kong
 Savannah
 eLearning

Applicant's full legal name: *(please print or type clearly using blue or black ink)*

_____ last (family) name first (given) name middle name jr., etc.

_____ preferred name, if not first name former last name(s), if applicable

_____ Social Security Number *(optional)*

_____ E-mail

To be completed by EVALUATOR

Please evaluate the applicant and return this form to the address listed at the bottom of this page. A prompt reply is appreciated.

In the space provided on the back of this form or on a separate sheet, elaborate on any aspects of the applicant's background (positive or negative) or accomplishments you believe are pertinent. If you have questions, call 800.869.7223 or 912.525.5100. You may fax this form to 912.525.5986.

_____ Your name

_____ Your address

_____ Your school/organization/company

_____ Your e-mail

_____ Your phone

_____ From what association do you know the applicant?

_____ How long have you known the applicant?

Attribute

Truly outstanding
 Excellent
 Good
 Fair
 Poor
 Unable to judge

<i>Academic performance</i>						
<i>Motivation for proposed program of study</i>						
<i>Intellectual capacity (including reasoning and analytical ability, imagination, learning potential)</i>						
<i>Research and writing ability</i>						

_____ Your signature

_____ Date

Thank you for your assistance.
Please complete **both** sides of this form and mail it to:

Atlanta applicants: Savannah College of Art and Design
Admission Department
P.O. Box 77300
Atlanta, GA 30357-1300 USA

Hong Kong, Savannah and eLearning applicants: Savannah College of Art and Design
Admission Department
P.O. Box 2072
Savannah, GA 31402-2072 USA

