Name of Student: (Please print or type)

To the person completing this form:

To assist us in determining the above applicant’s likelihood of being successful as a Monmouth College student, we have asked to have this form completed and returned to us by a person familiar with his/her character, academic abilities, and ability to adapt to a new environment.

Do not return the recommendation to the applicant.

Please return directly to:

Kristi Hippen, Associate Dean of Admission
Office of Admission
Monmouth College
700 E. Broadway Street
Monmouth, Illinois 61462-1998 U.S.A.