



COLLEGIATE
SCHOOL OF MEMPHIS

Recommendation Form

This form and the information it contains is considered confidential and intended for administrative purposes.

Applicant's Name: _____ Present Grade: _____

Intended Academic Year: _____ Applying for Grade: _____

Present School: _____

How long have you known this student? _____

What are this student's strengths? _____

Areas that may need strengthening: _____

The student exhibits attributes in the following areas: (Check all that apply)

_____ Honesty

_____ Motivation

_____ Obedience

_____ Leadership skills

_____ Respect for authority

_____ Peer compatibility

_____ Maturity

Problems that may affect the student's academic and/or behavioral performance are

Additional comments: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

May we contact you to discuss your recommendation? _____ YES _____ NO

Email Address _____ Telephone number _____

Please fax or mail to: Collegiate School of Memphis Admissions Office
3353 Faxon Avenue, Memphis, TN 38122
Office (901) 591-8202 *** Fax (901) 591-8297