**NNU ACADEMIC RECOMMENDATION**

The student named below is applying for admission to Northwest Nazarene University. Your recommendation and evaluation of the applicant’s personal qualifications will greatly assist the candidate and the Admissions Committee.

---

**Part 1. (completed by student)**

Name of Student

Mailing Address

City ___________________________ State _______ Zip __________ Country

Name of High School

Mailing Address

City ___________________________ State _______ Zip __________ Country

---

**Part 2. (completed by counselor, teacher, or principal)**

Is your high school accredited? **☐ Yes ☐ No**

By which agency is your high school accredited? ____________________________________________

Please check correct response:

<table>
<thead>
<tr>
<th>NO BASIS</th>
<th>BELOW AVERAGE</th>
<th>AVERAGE</th>
<th>ABOVE AVERAGE</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creative Thought</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom Discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disciplined Work Habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for Growth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern for Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Northwest Nazarene University admits students of any race, color, national or ethnic origin.

---

Office of Admissions
625 Holly Street
Nampa, ID 83686-5897
877-NNU-4-YOU
208-467-8000
208-467-8645 (fax)
admissions@nnu.edu
www.nnuforyou.com
This will certify that:

Name of Student ________________________________________________________________________________________________________________

Will Be ___________________________________________ on (mm/dd/yyyy)_____________________________________________

He/She ranks ________________ in a class of __________________________________________________________

with a GPA of ____________________________

through the: 9th Grade 10th Grade 11th Grade 12th Grade

in the: Fall Semester Spring Semester

Specific Recommendation: Recommended Not Recommended Recommended with Reservations

Explanation ____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

I predict the applicant will be: Superior Above Average Average Below Average

Other Helpful Information __________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

This Student is a National Merit Finalist National Merit Semi-Finalist Commended Scholar

Person Completing this Form: Counselor Teacher Principal Other ______________________________________________________________

Name of Person Completing this Form ______________________________________________________________________________________________

Telephone ________________________________________________ Date (mm/dd/yyyy) ____________________________

FORM 3   |  NNU ACADEMIC RECOMMENDATION  |  090723