



UNIVERSITY CHRISTIAN HIGH SCHOOL

602 7th Avenue NE
Hickory, NC 28601
828-855-2995
uchs@uchigh.com

Student: This form must be completed by three teachers at the school you currently attend and must be included with your application. You must include a total of three completed recommendations for your application to be considered complete.

Student Name;

Teacher: Please complete this form and return to the student in a sealed envelope with your name written across the back flap of the envelope after it has been sealed. Please try to complete this in a timely manner for the student above. Your input is greatly appreciated.

The student named above is applying for admission to the University Christian High School. The mission of UCHS is to provide honors level instruction with AP and College course offerings in a faith-based setting. Our school follows the NC Standard Course of Study for high school course work and the Lenoir-Rhyne University course catalogue for 11th and 12th graders.

Please use space at the end of this form to provide any additional information or comments about this student.

TEACHER RECOMMENDATION FORM

Teachers, please assess each of the following areas thoughtfully and honestly.

	RATING SCALE				
	N/O*	Below Average	Average	Above Average	Exceptional
Academic Ambition					
Academic Potential					
Attitude toward School Work					
Behavior					
Communication Skills					
Confidence					
Educational Aspirations					
Relationship with Peers					
Relationship with Teachers					
Responsibility					
Turns in completed assignments on time					
Study Skills/Habits					

*Not observed enough to rate

Based on my experience with the applicant, my recommendation to UCHS is as follows:

() Highly Recommend () Recommend () Recommend with reservations () Do not recommend

Name (please print) _____ Title _____

Contact # _____

Signature _____ Date _____