



# Freshman/Transfer Academic Recommendation Form

**To the student:** The top portion of this form should be completed by you and given to the recommender who has agreed to provide you with an academic recommendation to accompany your application to the University of Kentucky.

_____	_____	_____	_____
First Name	Middle Name	Last Name	Date of Birth
_____			
Address			
_____			
City	State	Zip Code	Name of High School

**To the recommender:** The University of Kentucky appreciates your candidness as you recommend this student for admission. You may attach this form to a written letter of academic recommendation or simply complete the information below and return to the address at the bottom of this form.

_____	_____
Recommender Name	Date
_____	
Recommender Email Address	

Please select one of the following to best represent your position:

- Secondary School Teacher     
 Guidance Counselor     
 Other (please specify) \_\_\_\_\_

How long have you known this student and in what context?

Please provide a brief summary of this student's academic characteristics as well as any additional information you feel would be helpful to us in the admission process. (Use an additional page if needed.)

Please return completed form to:

**University of Kentucky**  
**Office of Undergraduate Admission**  
**100 Funkhouser Building**  
**Lexington, KY 40506-0054**

Or send by email to: [admissions@uky.edu](mailto:admissions@uky.edu)

We appreciate your time – thank you!