



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

We appreciate your time – thank you!