



Signature of applicant		Date									
Reference: Please complete both sides of this form. You may emailed to: Admissions@NorthernVermont.edu	submit the second p	page in a letter f	ormat if	f you	prefe	er. Co	mplet	ed fo	orms	may l	be
Name of respondent:	FIRST	MIDI	DLE	Pr	eferr	ed tit	e: 🛚	Mr.	∐Mr	s. 🛚	Ms.
Respondent's Title:											
Respondent's Institution/Employer:											
Mailing address											
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Please rate the applicant in comparison with othe	r students known to	you who have a							<i>Abo</i>	ove av	erage 9
Please rate the applicant in comparison with othe  Intellectual Ability	er students known to	you who have a	Below	aver	age	<i>,</i>	Averag	e			
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