To the Parent(s) / Guardian(s)

Your student is applying for admission to Southwestern University. We know that you have insight into her/his background, interests, special talents and ambitions. Although you may feel biased, we welcome your comments. Feel free to complete this form either individually or together. The form may be photocopied if both parents/guardians wish to submit a recommendation. When complete, please return the form(s) as soon as possible to: Office of Admission, Southwestern University, P.O. Box 770, Georgetown, Texas 78627-0770 (fax number: 512-863-9601). Many thanks.

Name of Applicant: ____________________________

Parent / Guardian Name(s): ____________________________

Address: ____________________________

Number and Street ____________________________

City or Town ____________________________

State/Province ____________________________

Zip/Postal Code ____________________________

Country ____________________________

What character and personality traits do you consider most outstanding and representative of the applicant?
In what areas, both academic and social, does the applicant need growth and strengthening?

Parent’s or Guardian’s Signature: ___________________________ Date: ___________________