

## Transfer Peer Recommendation

**TO THE APPLICANT:** *Please complete the top portion of this form, then give it to a classmate/close friend who knows you well and can evaluate your strengths. Include a stamped envelope addressed to the above address.*

Applicant's Name: \_\_\_\_\_  
Last First Middle

Birthdate (mm/dd/yy) \_\_\_\_\_ Social Security No. \_\_\_\_\_

School Now Attending

\_\_\_\_\_  
Name City State Zip

**TO THE PEER OF THE APPLICANT:** *Please complete and mail this form to the address above.*

\_\_\_\_\_  
Peer Name (Please Print) Peer Signature Date

\_\_\_\_\_  
Mailing Address: Street City State Zip

\_\_\_\_\_  
E-mail Phone

*Your recommendation can provide useful information in ascertaining the competitiveness of this applicant. Your insights will help us to understand the nature and extent of the respect accorded to the applicant by peers. Since Davidson can select only a small number of the total applicant pool to fill each year's entering class, your assessment of this applicant's strengths and weaknesses will be important in our decision. Please feel free to attach additional sheets.*

*CONFIDENTIALITY: Recommendations are an important part of the admission process at Davidson. Since we believe that most recommenders prefer that their recommendations be kept strictly confidential, we destroy recommendations before any applicant or parent could have an opportunity to see them.*

1. How long and how well have you known the applicant? Please give information about opportunities you have had to work with or observe the applicant.
2. Are you familiar with Davidson College?
3. What do you see as the applicant's strengths? Please give specific examples when possible.