

5. Please use the space below to provide further comments regarding the individual abilities and/or needs of the student.

6. Do you recommend this student to Meredith College?

YES

NO

Signature _____ Date _____

Printed name _____

Name of institution _____

Address _____ Phone (_____) _____

E-mail address _____

After signing, please print this document and return it by email, admissions@meredith.edu, fax, or postal mail to Meredith College.



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