

# Admission Recommendation Form



APPLICANT: Please complete the top portion of this form.

Applicant's name  
 (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

To the applicant: I understand that this completed recommendation will be used for admission purposes only, and according to the Family Educational Rights and Privacy Act of 1974:

- I agree to waive access to my recommenders responses.
- I do not agree to waive access to my recommenders responses.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDER: Answer all questions as completely as possible. Please print or type.**

How long have you known the applicant? \_\_\_\_\_  
 In what capacity? \_\_\_\_\_

Compared with individuals you have known at a similar level of development, please evaluate the applicant on each factor listed below:

	Superior Top 2%	Very Good Top 10%	Good Top 25%	Average 25%-50%	Below Average Below 50%	Unable to Judge
Academic aptitude						
Adaptability/flexibility						
Awareness- sees what needs done						
Cooperation						
Dependability						
Emotional stability						
Goal orientation						
Initiative- jumps in when sees what needs done						
Interpersonal relations						
Leadership						
Oral communication						
Performance in field						
Personal integrity						
Potential to complete training						
Task completion						
Written communication skills						

Please continue evaluation on reverse side

Recommendation (continued)

Please describe any situations or incidents that best illustrate this applicant's abilities.

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Please comment on strengths and weaknesses you have observed in the applicant.

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Additional Comments

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Recommendation for admission:

- |   |   |
|---|---|
| <input type="checkbox"/> Strongly recommend | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommend          | <input type="checkbox"/> Do not recommend           |

Recommender's signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Position \_\_\_\_\_

Institution/Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_