

# 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 only for admission purposes, and according to the Family Educational Rights and Privacy Act of 1974:

- I agree to waive access to this statement
- I do not agree to waive access to this statement

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 to 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 Mid 25%	Below Average Low 25%	Unable to Judge
Academic aptitude						
Adaptability						
Cooperation						
Dependability						
Emotional Stability						
Goal Orientation						
Initiative						
Interpersonal relations						
Leadership						
Oral communication						
Performance in field						
Personal integrity						
Potential to complete training						
Task accomplishment						
Written communication						

Please continue evaluation on reverse side

Recommendation (continued)

Please describe any situations or incidents which you feel 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 \_\_\_\_\_