

Recommendation

Graduate Center • Azusa Pacific University



Applicant: Please complete the top portion of this form.

Program code: _____

Applicant's name _____
Last Maiden (if applicable) First Middle

Social Security Number _____ - _____ - _____ Program name _____

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 _____

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 50%	Below Average Low 25%	Unable to Judge
Academic aptitude						
Adaptability						
Clinical performance in field						
Cooperation						
Creativity						
Dependability						
Emotional stability						
Goal orientation						
Initiative						
Interpersonal relations						
Leadership						
Oral communication						
Personal integrity						
Potential to complete degree						
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.

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

Additional comments:

Recommendation for admission:

Strongly recommend

Recommend with reservation

Recommend

Do not recommend

Recommender's signature _____ Date _____

Name (print) _____ Position _____

Institution/Employer _____ Phone (_____) _____

Address _____
Street City State ZIP

Email _____

Please return this form to: Graduate Center
Azusa Pacific University
PO Box 7000
Azusa, CA 91702-7000