

RECOMMENDATION FORM

Applicant's name _____ Date of birth ____/____/____
(as on passport) last (family name) first (given name) middle month day year
 Address _____
street address

city state country postal code

Desired program _____ Gender Male Female

To the applicant: Please fill out the information above and check the appropriate box below. Please also understand that this completed recommendation will be used only for admission purposes, according to the Family Educational Rights and Privacy Act.

- I agree to waive access to this statement. The individual below may mail/fax this directly to APU.
 I do not agree to waive access to this statement. I would like to review this recommendation before it is mailed/faxed to APU.

(A waiver is NOT required as a condition of admission.) Date ____/____/____
month day year

The above named applicant is applying for admission to Azusa Pacific University and is asking you to write a recommendation for him/her. We greatly appreciate your honest and complete answers. Please print or type.

How long have you known the applicant? _____

What is your relationship to the applicant (and in what capacity have you interacted with him/her) (apply to all copies if desired)? _____

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

	Superior	Above Average	Average	Below Average	Do Not Know
Academic aptitude					
Adaptability					
Clinical performance in field					
Cooperation					
Creativity					
Dependability					
Emotional stability					
Goal orientation					
Interpersonal relations					
Leadership					
Oral communication					
Personal integrity					
Potential to complete degree					
Task accomplishment					
Written communication					

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 you would like to add that will help us gain a better understanding of this applicant: _____

What is your recommendation for the admission of this applicant?

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend

Name _____ Position _____

Signature _____ Date ____/____/____

Address _____

Phone (____) _____ Fax (____) _____ Email _____

Institution/Employer _____ Business phone (____) _____

Additional Comments:

PLEASE RETURN THIS FORM TO:

The International Center | Azusa Pacific University | 901 E. Alosta Ave. | PO Box 7000
Azusa, California 91702-7000 USA | Fax: +1 (626) 815-3801 | Email: ies@apu.edu