

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 major _____ 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? _____

What strengths have you observed in this applicant that would affect his/her university studies? _____

What weaknesses have you observed in this applicant that would affect his/her university studies? _____

Please evaluate the applicant on each factor listed below.

	Superior	Above Average	Average	Below Average	Do Not Know
Academic aptitude					
Adaptability					
Cooperation					
Creativity					
Dependability					
Emotional stability					
Interpersonal relations					
Leadership ability					
Motivation/Initiative					
Oral communication					
Personal integrity					
Written communication					

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?

- I recommend. I recommend with reservation. I do not recommend.

Name _____
last (family name) first (given name) middle

Signature _____ Date ____/____/____
month day year

Address _____
street address

Phone (____) _____ Fax (____) _____ Email _____
country code city state country postal code

Institution/Employer _____ Business phone (____) _____
country code

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