

Azusa Pacific University

GRADUATE AND PROFESSIONAL CENTER

Office of Graduate and Professional Admissions

Recommendation Form

APU ID number (if known): _____

APPLICANT: Please complete the top portion of this form. Family and friends are not acceptable references.

Applicant's name _____
Last First Middle

Phone _____ Email _____

Social Security number (last four digits) _____ Program name _____
(Providing your partial SSN allows us to match the correct documents to your application file.)

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 _____

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 50%	Below Average Low 25%	Unable to Judge
Academic aptitude						
Adaptability						
Cooperation						
Creativity						
Dependability						
Emotional stability						
Goal orientation						
Initiative						
Interpersonal relations						
Leadership						
Oral communication						
Performance in field						
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 the strengths/skills and areas for professional/academic growth that 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 _____ Email _____

Please return this form to: **Graduate and Professional Center** **OR** by email to: gpadmissions@apu.edu

Office of Graduate and Professional Admissions

Azusa Pacific University

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