



Admission Recommendation Form

Applicant Information:

First Name: _____ **Last Name:** _____

The Family Education Rights and Privacy Act of 1974 accords admitted students the right to review these recommendation forms unless that right is waived.

_____ I waive my right to view this form's content.

_____ I do not waive my right to view this form's content.

Applicant's Signature: _____ Date: _____

	Outstanding	More Than Satisfactory	Satisfactory	Needs Improvement	Unsatisfactory	N/A
Decision Making Skills						
Analytical Skills						
Conceptual Skills						
Oral Communication Skills						
Written Communication Skills						
Interpersonal Skills - Peers/Co-workers						
Interpersonal Skills - Teachers/Supervisors						
Organizational Ability						
Leadership Ability						
Application of Knowledge						
Initiative						
Adaptability						
Motivation						
Dependability						
Ability to Work Independently						

Please write a short description of some of the applicant's strengths and/or weaknesses.

(Please attach additional pages, if necessary)

Relationship to the Applicant:

Supervisor Co-worker Teacher Advisor

Other Please describe: _____

How long have you known the applicant?

Your Recommendation for Admission to the University:

Highly Recommend Recommend Not Recommend

Reference Information:

Name: *(Please type or print)*

Address:

Signature: _____

Date: _____

School/Position:
