



GRADUATE PROGRAM
RECOMMENDATION FOR ADMISSION

Date _____

Name of Applicant _____

Proposed Degree Program _____

NOTICE: PUBLIC LAW 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all their official records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

RECOMMENDATION RELEASE

I hereby waive my right to view this recommendation [] YES [] NO

Signature of Applicant _____ Phone _____

(I have read and agree to the above statement)

Failure to sign the above indicates the applicant has not waived the right to view this recommendation.

1. Please rate the applicant on the following qualities:

Table with 7 columns: Excellent, Strong, Satisfactory, Marginal, Weak, Not Observed. Rows include Academic Aptitude, Adaptability, Potential for Success, Cooperation, Dependability, Initiative, Leadership, Analytical Ability, Social Skills, Written Communication, Oral Communication, Moral Standards.

2. Please rate your recommendation of the applicant for admission to CBU:
[] highly recommend [] recommend [] recommend with reservation [] do not recommend

3. How long have you known the applicant? _____

4. What is your professional relationship to the applicant? (Family members and friends may not complete recommendations)
