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 statement indicates the applicant has not waived the right to view this recommendation.

1. Please rate the applicant on the following qualities:

<table>
<thead>
<tr>
<th>Quality</th>
<th>Excellent</th>
<th>Strong</th>
<th>Satisfactory</th>
<th>Marginal</th>
<th>Weak</th>
<th>Not Observed</th>
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<tbody>
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<td>Academic Aptitude</td>
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<td>Adaptability</td>
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<td>Potential for Success</td>
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<td>Cooperation</td>
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<td>Dependability</td>
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<td>Initiative</td>
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<td>Leadership</td>
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<td>Analytical Ability</td>
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<td>Social Skills</td>
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<td>Oral Communication</td>
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<td>Moral Standards</td>
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</table>

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 relationship to the applicant? (Family members may not complete recommendations.)

______________________________________________________________________________
5. To the best of your knowledge, has the applicant been convicted of a felony or does the applicant have any type of personal problem of which we should be aware?

☐ Yes  ☐ No (If yes, please explain in the space provided below)

____________________________________________________________________________________
____________________________________________________________________________________
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6. Please give a frank appraisal of the applicant’s suitability for admission to the program.

____________________________________________________________________________________
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____________________________________________________________________________________

Name of recommender__________________________________________    Phone___________________

Signature__________________________________________ Date ________________

Address _______________________________________________________________________________

   Number and Street

   City                                                                                                                                       State                           Zip

Company____________________________________________ Position ___ ________________________

Email  _________________________________________________________________________________

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Online & Professional Studies
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