



**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:

	Excellent	Strong	Satisfactory	Marginal	Weak	Not Observed
Academic Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

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

Name of recommender _____ Phone _____

Signature _____ **Date** _____

Address _____
Number and Street

_____ *City* _____ *State* _____ *Zip*

Company _____ Position _____

Email _____

Mail or fax to: California Baptist University
Online & Professional Studies
10370 Hemet Street, Suite 200
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