

ANTIOCH UNIVERSITY

LOS ANGELES

APPLICANT RECOMMENDATION FORM

Applicant: Please complete the box below:

Applicant's name: _____ Program of application: _____
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:
<input type="checkbox"/> I agree to waive access to this statement.
<input type="checkbox"/> I do not agree to waive access to this statement.
Applicant's signature _____ Date: _____

Name of Recommender _____ Position _____

Organization/Business _____ Business Phone _____

Address _____

Capacity in which you have known the applicant _____

Length of association with applicant _____

Describe the applicant's strengths that you believe to be relevant: _____

Please comment on the experience the applicant has had with individuals who are different from their culture, language, class, or ethnicity: _____

Please describe applicant's areas for improvement opportunities: _____

In evaluating the applicant, please check the appropriate boxes below:

	Outstanding	Good	Average	Needs Improvement	No Knowledge
Critical thinking skills					
Ability to respect differing viewpoints					
Professionalism					
Verbal communication					
Academic Performance					
Sensitivity to issues of diversity					
Ability to work as a team member					
Written communication					
Leadership potential					
Accepts ownership for mistakes					
Interpersonal awareness					
Potential for success in field of choice					
Ability to accept constructive criticism					

Please indicate your estimate of the applicant's probable success within their chosen field of study on a scale of 1 to 10, 10 being best: _____

Please add any additional comments that would be helpful in assessing this applicant: _____

Recommendation for admission:

- Strongly recommend
 Recommend
 Recommend with reservation
 Do not recommend

 Signature

 Date