



SHEPHERD UNIVERSITY

Recommendation Form

Recommendation Form 10 12

3200 N. San Fernando Rd., Los Angeles, CA 90065 Tel: (323) 550-8888 Fax: (323) 550-1313 www.shepherduniversity.edu

1 of 2

TO THE APPLICANT: Please complete the top portion of this form.

LAST NAME	FIRST	MIDDLE	Year: FALL/ WINTER/ SPRING/ SUMMER
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	CELL PHONE	APPLYING SCHOOL/PROGRAM/DEPARTMENT	

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.

- I agree to waive access to this statement
- I do not agree to waive access to this statement

_____ / ____ / ____
 APPLICANT'S SIGNATURE DATE MM/DD/YYYY

TO THE RECOMMENDER: Please complete the bottom portion of this form.

Compare to individuals you have known at a similar level of development. Please evaluate the applicant on each factor listed below:

		Superior Top 5%	Very Good Top 10%	Good Top 25%	Average Mid 50%	Below Average Low 25%	Unable to Judge
1	Strong Vision in Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Potential to Complete Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Academic Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Flexibility & Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Creative & Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Reliability & Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Leadership Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Cooperation and Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO THE RECOMMENDER: Please complete the bottom portion of this form. (Continued)

How Long Have You Known The Applicant?		Relationship	
How Well Have You Known The Applicant?		Occasion	

Please describe how you helped/guided this applicant so far for his/her development?

Please describe what contribution he/she may bring to school with his/her vision, talents & uniqueness.

Please describe his/her weaknesses to overcome to achieve his/her vision & how Shepherd should help.

I strongly recommend recommend do not recommend this applicant for admission to Shepherd University with confidence.

NAME OF RECOMMENDER LAST		FIRST	MIDDLE	
INSTITUTION		POSITION		
STREET		CITY	STATE	ZIP
CELL PHONE	WORK PHONE	E-MAIL		

_____/_____/_____
 RECOMMENDER'S SIGNATURE DATE MM/DD/YYYY

***PLEASE NOTE :** This form should be received as soon as possible to give the applicant the best possible admissions consideration. When you complete this form, please seal it and send it to school directly (Attention to: **Admission office Shepherd University 3200 N. San Fernando Rd., Los Angeles, CA 90065**). If seal is broken, it is regarded invalid.

DISTRIBUTION:
 Student File Admission Office