

ALLEN UNIVERSITY
OFFICE OF ADMISSIONS

1530 HARDEN STREET, COLUMBIA, SC 29204

Recommendation Form

TO BE COMPLETED BY APPLICANT:

This form is to be completed by a guidance counselor, teacher, employer, supervisor, pastor or church officer, with whom you have studied, worked or interacted and who is able to objectively comment on your qualifications for undergraduate study. Please complete the top portion of the form and forward it to the person who will provide your recommendation.

Name: _____
Last First Middle Initial

Mailing Address: _____

City State Zip Code

Under the provisions of the Family Education Rights and Privacy Act of 1974, you, if admitted and enrolled, will have access to the information provided on this recommendation unless you waive / have waived such access. If you waive your right to access of the information provided on this recommendation, the information will be considered confidential and it will not be available to you. Please check the appropriate statement, sign and date below to inform us of your decision.

- I waive my right of access to the information provided in this recommendation.
- I DO NOT waive my right of access to the information provided in this recommendation.

Applicant Signature Date

TO BE COMPLETED BY RECOMMENDER:

Please complete the information below including the items on the back side of this form.

Name: _____ Title: _____

Employer: _____

Employer Address: _____

City State Zip Code

Phone: _____ E-mail: _____

Years that you have known applicant: _____ years

Describe your relationship to the applicant: professor/teacher pastor high school counselor supervisor

I. Please rate the applicant in comparison to others who have known at similar stages in their professional and/or academic careers.

(Mark the appropriate box with “x”)

	Exceptional	Outstanding	Good	Average	Below Average	No Basis for Judgment
Knowledge in chosen field of study						
Motivation and diligence toward goals						
Intellectual ability and critical thinking						
Ability to work independently						
Verbal communication skills						
Written communication skills						
Leadership potential						
Maturity						
Ability to work with others / teams						
Integrity						
Self-Discipline						

II. Please indicate your overall assessment and/or endorsement of this applicant below.

Highly Recommend Recommend Recommend with reservations Do not recommend

III. Not required, but feel free to provide additional statements in the space below about the applicant’s record, potential or personal qualities that you believe would be helpful in evaluating this person’s application.

Recommender’s Signature: _____

Printed Name

Date

Please mail / return form directly to:

Office of Admissions
 Allen University
 1530 Harden Street
 Columbia, SC 29204