Professional Recommendation

GRADUATE AND ADULT PROGRAMS
CEDARVILLE UNIVERSITY

Inspiring today's professionals, tomorrow's leaders.

Complete Section I and then have the appropriate colleague complete Section II. **Whomever you choose needs to have known you for at least six months and must not be related to you**.

I. To Be Completed by the Applicant (please print or type)

Name _____
Last **First** **Middle**

Home Address _____
Street Address **P.O. Box** **City** **State** **Zip**

Home Phone (_____) _____ Email Address _____

Waiver of right of access to confidential statement: ***I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.***

Applicant's Signature _____ Date _____

II. To Be Completed by the Colleague

As an applicant to a Cedarville graduate, professional, and adult Program, the individual named above is required to submit a colleague recommendation. Your comments are important to us; therefore, provide your complete and careful evaluation. *You must have known the applicant for at least six months and must not be related.* **Please return this completed form promptly to University Admissions, Cedarville University, 251 N. Main St., Cedarville, Ohio 45314.**

1. How long have you known the applicant? _____
2. How well do you know the applicant? ❏ Close personal relationship ❏ Fairly well ❏ Casually ❏ By name only
3. Would you consider this applicant to be of good moral character? ❏ Yes ❏ No ❏ I don't know
4. Rate the applicant in each of the following areas:

a. Performance in leadership situations
❏ Excellent ❏ Good ❏ Average ❏ Fair ❏ Poor

b. Ability to work with others
❏ Excellent ❏ Good ❏ Average ❏ Fair ❏ Poor

c. Ability to work independently
❏ Excellent ❏ Good ❏ Average ❏ Fair ❏ Poor

d. Ability to manage a work environment
❏ Excellent ❏ Good ❏ Average ❏ Fair ❏ Poor

e. Acceptance of responsibility
❏ Excellent ❏ Good ❏ Average ❏ Fair ❏ Poor

f. Response to supervision and constructive criticism
❏ Excellent ❏ Good ❏ Average ❏ Fair ❏ Poor

g. Ability to complete tasks on time
❏ Excellent ❏ Good ❏ Average ❏ Fair ❏ Poor

h. General respect for the applicant in all settings
❏ Excellent ❏ Good ❏ Average ❏ Fair ❏ Poor

MORE ☞

5. What is the most positive quality you have noticed about this applicant? _____

_____

_____

6. What else would you like the Admissions Committee to know about this applicant? _____

_____

_____

_____

Recommendation Concerning Acceptance

Based on what the **applicant** can contribute to Cedarville University, I:

❏ Highly recommend ❏ Recommend ❏ Recommend with reservations ❏ Prefer not to recommend

❏ **I need to discuss this recommendation by phone.**

Name (please print) _____

Position _____

Organization Name _____

Address _____
Street Address **P.O. Box** **City** **State** **Zip**

Phone (_____)_____ Email Address _____

Signature _____ Date _____ Are you a graduate of CU? ❏ Yes ❏ No

Mail this completed form directly to:	**University Admissions** **Cedarville University** **251 N. Main St.** **Cedarville, OH 45314**	**Or send by fax: 937-766-7575**