



Employer Recommendation

Inspiring today's professionals, tomorrow's leaders.

Complete Section I and then have a current employer or supervisor complete Section II. **Whoever 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 (_____) _____ E-mail 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 employer

As an applicant to a Cedarville graduate program, the individual named above is required to submit an employer 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 Graduate 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. How long has the applicant worked for you? _____
4. To your knowledge, has the applicant been practicing in field for three or more years? Yes No I don't know
5. Would you consider this applicant to be of good moral character? Yes No I don't know
6. 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

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

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

Recommendation Concerning Acceptance

Based on what the **applicant** can contribute to Cedarville University's graduate programs, 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 (_____) _____ E-mail address _____

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

Mail this completed form directly to:

**Graduate Admissions
Cedarville University
251 N. Main St.
Cedarville, OH 45314**

Or send by fax: 937-766-7575