



## Undergraduate Admissions Recommendation

Name of the applicant you are recommending:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Approximately how long have you known the applicant? \_\_\_\_\_

What is your relation to the applicant?

Teacher/Professor  Pastor  Coach  Employer  Friend  Mentor  Other: \_\_\_\_\_

How well do you know the applicant?  Very Well  Fairly Well  Not Very Well

What level of communication have you had with the applicant in the past 6 months?  Personal  Surface  None

Applicant's Strength Area(s):

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Applicant's Growth Area(s):

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Please give an overall recommendation of the applicant:

Highly Recommend  Recommend  Recommend with Reservation  Do NOT Recommend

Any further comments that you would like to include, please write here:

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Your contact information is required:

Full Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Best E-mail Address: \_\_\_\_\_

Please mail or fax to:

Undergraduate Admissions

8432 Magnolia Avenue

Riverside, CA 92504

FAX: (951) 343 - 4525

**Confidentiality:** Recommendations submitted to the office of Undergraduate Admissions remain confidential.