



GRADUATE PROGRAM RECOMMENDATION FOR ADMISSION

Date _____

Name of Applicant: _____

Proposed Degree Program: _____

NOTICE: PUBLIC LAW 93-380, the Family Education Rights and Privacy Act of 1974 grants all students the right to inspect and review all their official records. This right extends to letters of recommendation, except that a student may waive his/her right to inspect and review letters of recommendation by signing a waiver.

Recommendation Release

I hereby waive my right to view this recommendation. [] YES [] NO

Signature of Applicant _____ I have read and agree to above statement

Failure to sign above indicates the applicant has not waived the right to view this recommendation.

1. Please rate the applicant on the following qualities:

Table with 7 columns: Excellent, Strong, Satisfactory, Marginal, Weak, Not Observed and 13 rows of qualities with checkboxes.

2. Please rate your recommendation of the applicant for admission to CBU:

[] highly recommend [] recommend [] recommend with reservation [] do not recommend

3. How long have you known the applicant? _____

4. What is your relationship to the applicant? (Family members may not complete recommendations.)

continued on reverse side

5. To the best of your knowledge, has the applicant been convicted of a felony or does the applicant have any type of personal problem of which we should be aware?

Yes No (If yes, please explain in the space provided below)

6. Please give a frank appraisal of the applicant's suitability for admission to the program.

Name of recommender _____ Phone _____
Please Print

Signature _____ **Date** _____

Address _____
Number and Street

_____ City _____ State _____ Zip

Company _____ Position _____

Email _____

Mail or fax to: California Baptist University
Graduate Admissions
8432 Magnolia Avenue
Riverside CA 92504-9954
Phone: 951-343-4249
FAX: 951-552-8700
graduateadmissions@calbaptist.edu