



CHAPMAN UNIVERSITY

Recommendation for Education Programs

To the Applicant: Complete the top portion of this form and give it to an individual who has known you in a professional and/or personal context (i.e. skills with youth, intellectual problem solving skills, character). Relatives may not submit recommendations. Please provide the person who completes this recommendation with a return envelope addressed to your local campus.

Applicant's Name Last First M.I. SSN# (Please provide last 4 digits for verification purposes)
Mailing Address City State Zip Code

The Family Educational Rights and Privacy Act of 1974.

This form is to be used as a recommendation for admission purposes. As currently interpreted by the Department of Education, the Act provides that applicants who subsequently enroll will have a right to inspect and review the evaluation if it is retained by the university, unless that right is waived in writing. Sign your name below only if you wish to waive your right of access.

In the event that I become a student at Chapman University, I hereby waive my right of access to this recommendation.

Applicant's Signature: X _____ Date: _____

Print Applicant's Name: _____

To the Individual Completing this Recommendation: The above candidate is applying for admission to a Chapman University Education Program leading to a graduate degree or a California Public School Credential. This information will help determine: (1) whether applicants have the potential to develop into good practitioners in the field and (2) what we can do to help them acquire the specific skills required for excellence in the field.

Please help us by carefully filling out this form and returning it, as soon as possible, in the envelope provided for you. Your responses should be a candid expression of your opinion based upon your direct observation of the applicant. Chapman University adheres to the provisions of The Family Education Rights & Privacy Act of 1974.

How long have you known the applicant? _____ years, from _____ to _____

In what capacity do you know the applicant? [] Personally [] Professionally [] Academically

Please rate the applicant on each of the following factors:

Table with 5 columns: Factor, Excellent, Sufficient, Insufficient, No basis for judgment. Rows include Professional Skills, Organization, Dependability and Responsibility, Leadership, Initiative, Time Management, Ability to work well with others, Attendance and Punctuality, Quality of Work.

Comments: _____

Communication and Scholarship

Oral Communication: The applicant uses language accurately and expresses self clearly and concisely.

Written Communication: The applicant uses written language for a variety of purposes to articulate ideas in a clear, concise, and correct manner.

Scholarship: The applicant maintains a high level of intellectual inquiry. He/She engages and takes risks intellectually.

Aptitude: The applicant readily grasps new ideas and concepts.

Excellent

Sufficient

Insufficient

No basis for judgment

Comments: _____

Personal Qualities

Maturity: The applicant acts with poise, mature judgment, and self-control.

Enthusiasm: The applicant has a positive attitude and reacts with enthusiasm and optimism.

Self-confidence: The applicant demonstrates confidence in his/her own ideas and abilities but is willing to acknowledge mistakes when made.

Excellent

Sufficient

Insufficient

No basis for judgment

Comments: _____

RECOMMENDER: For documentation purposes, please provide the information requested in the shaded area below.

Type or print name _____ Date _____

Signature _____ Title or Occupation _____

Phone Number _____ E-mail Address _____