

Student Information

PLEASE PRINT

Applicant's Name (Last, First, Middle)

TO THE EVALUATOR:

Please complete this recommendation form, seal the envelope, sign across the flap, and mail the letter directly to the appropriate campus.

How long have you known the applicant? _____

What has been your relationship to the applicant? (Check all that apply) Undergraduate instructor Academic advisor Graduate instructor

Supervisor Co-worker Employer Other (please specify) _____

Please describe the applicant's performance, in relation to others you have known at a comparable stage by checking the appropriate space opposite each characteristic.

	POOR	AVERAGE	ABOVE AVERAGE	EXCELLENT	NO BASIS FOR JUDGMENT
Academic knowledge in chosen field	<input type="checkbox"/>				
Technical knowledge and skills in chosen field	<input type="checkbox"/>				
Ability to develop and implement new ideas and techniques	<input type="checkbox"/>				
Interpersonal skills and ability to work with others	<input type="checkbox"/>				
Ability to express self in writing	<input type="checkbox"/>				
Ability to express self in speaking	<input type="checkbox"/>				
Ability to accept and give criticism	<input type="checkbox"/>				
Perseverance/personal motivation	<input type="checkbox"/>				
Leadership ability	<input type="checkbox"/>				
Maturity	<input type="checkbox"/>				
Self confidence	<input type="checkbox"/>				
Integrity	<input type="checkbox"/>				
Responsibility	<input type="checkbox"/>				

Other Information

We would appreciate any other information that might assist us in evaluating the applicant's qualifications. Please type your comments here or if you prefer use a separate signed sheet, please staple it to this page and include the applicant's full name.

Summary

In summary, please choose one of the following:

- I highly recommend the applicant
- I recommend the applicant
- I recommend the applicant with reservations
- I do not recommend the applicant

PLEASE TYPE OR PRINT

Name _____ Title (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Day or Message Phone _____

Email Address _____

Signature _____ Date _____

Santa Cruz Campus

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