

Graduate Recommendation Form

To be completed by applicant Please fill in the blue area then save changes and e-mail as an attachment to your recommender to complete.

| | | | |
|---|--|------|--|
| Applicant Name | | | |
| Last four digits of Social Security # | | | |
| Graduate program for which this applies | | | |
| Officials of Concordia University Wisconsin will hold the recommendation being requested in confidence. | | | |
| <input type="checkbox"/> | I waive my rights to examine this recommendation. | | |
| <input type="checkbox"/> | I do not waive my rights to examine this recommendation. | | |
| Applicant's Initials | | Date | |

To be completed by recommender

*Please note you may be contacted to verify you have completed this form.

| | | | | | | |
|--|-----------|-----------|---------|----------------------------|-----------------|------------------|
| Name | | | | Date | | |
| Title | | | | | | |
| Organization | | | | | | |
| Address | | | | | | |
| Phone Number | | | | | | |
| E-mail | | | | | | |
| How long and in what capacity have you known the applicant? | | | | | | |
| | | | | | | |
| How do you feel the applicant rates in the following categories: | | | | | | |
| | Excellent | Good | Average | Poor | Unable to Judge | |
| Written Communication | | | | | | |
| Oral Communication | | | | | | |
| Problem- solving | | | | | | |
| Decision-making | | | | | | |
| Ability to work with others | | | | | | |
| Do you consider the applicants achievements thus far to be a true indication of his/her ability? Please explain. | | | | | | |
| | | | | | | |
| Summary Evaluation. Please indicate your overall recommendation for this applicant. | | | | | | |
| Highly Recommend | | Recommend | | Recommend With Reservation | | Do Not Recommend |

Please provide a written evaluation for the Graduate Admission Committee. Your candid assessment of the applicant's potential for success both academically and professionally would be most helpful in its selection process. Use the space provided or attach a letter.

| | |
|------------------|--|
| Applicant Name | |
| Recommender Name | |

Save this document and e-mail completed recommendation as an attachment to:

graduate.admission@cuw.edu

Or you may print and fax (262) 243-3548 or mail the form to the address below.

Concordia University Wisconsin
Attn: Graduate Admission Office
12800 N. Lake Shore Drive
Mequon, WI 53097