

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.

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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