CALIFORNIA BAPTIST UNIVERSITY
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 ____________________________________________ Phone ______________________________
( I have read and agree to the above statement)

1. Please rate the applicant on the following qualities:

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Excellent</th>
<th>Strong</th>
<th>Satisfactory</th>
<th>Marginal</th>
<th>Weak</th>
<th>Not Observed</th>
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<tbody>
<tr>
<td>Academic Aptitude</td>
<td>☐</td>
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<td>Adaptability</td>
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<td>Potential for Success</td>
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<td>Cooperation</td>
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<td>Dependability</td>
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<td>Initiative</td>
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<td>Leadership</td>
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<td>Analytical Ability</td>
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<td>Social Skills</td>
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<td>Written Communication</td>
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<td>Oral Communication</td>
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<td>Moral Standards</td>
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3. Please rate your recommendation of the applicant for admission to CBU:
☐ highly recommend ☐ recommend ☐ recommend with reservation ☐ do not recommend

4. How long have you known the applicant? ____________________________________________

5. What is your relationship to the applicant? (Family members may not complete recommendations.)
☐ Professor ☐ Pastor ☐ Business Associate ☐ Employer ☐ Other Professional

6. 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)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
7. Please give a frank appraisal of the applicant’s suitability for admission to the program.


Name of recommender________________________________    Phone___________________
Signature ______________________________________________ Date ____________________

Address________________________________________________________________________
Number and Street  City  State  Zip
Company________________________________ Position ______________________
Email__________________________________________________________

Mail or fax to:  California Baptist University
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graduateadmissions@calbaptist.edu