

# CONFIDENTIAL – PROFESSIONAL LETTER OF RECOMMENDATION

Applicant: Complete the top part of this form then give the form (or send it electronically) to your recommender. Recommendations should be mailed directly to Graduate Programs Admission Processing.

Applicant Name: \_\_\_\_\_  
Mr. Ms. Dr. Last (Surname/Family Name) First Name Middle Name Social Security Number (last four digits only)

Street Address: \_\_\_\_\_

City, State, ZIP Code, Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check one:  I waive my right to view this completed document  I do not waive my right to review this completed document

Applicant's signature: \_\_\_\_\_

The person named above is applying for admission to Colorado Christian University. Please check one evaluation box for each characteristic listed below. Thank you for your assistance.

## Scholastic Capabilities

Ability to perceive and relate ideas, originality.  Very High  Above Average  Average  Below Average  Very Low

## Communication Facility

Adequate vocabulary, ability in oral and written expression.  Very High  Above Average  Average  Below Average  Very Low

## Initiative and Industry

Plans well, executes plans to completion, consistent in level of accomplishment, resourceful, develops interests.  Very High  Above Average  Average  Below Average  Very Low

## Social Conduct

Cooperative, relates well with others, respects rights of others, a dependable citizen.  Very High  Above Average  Average  Below Average  Very Low

## Emotional Stability

Accepts responsibility for own decisions and actions, attitudes, maintains even disposition.  Very High  Above Average  Average  Below Average  Very Low

## Peer Relationships

Generally liked by others, well-mannered, poised in social situations, friendly, participates in group activities.  Very High  Above Average  Average  Below Average  Very Low

## Influence and Leadership

Positive influence, able to organize, inspires confidence in others, displays leadership.  Very High  Above Average  Average  Below Average  Very Low

## Integrity

Dependable, punctual, consistently trustworthy, generally honest, reliable.  Very High  Above Average  Average  Below Average  Very Low

## Purpose

Has definite purpose in educational plans, motivated in carrying out purposes.  Very High  Above Average  Average  Below Average  Very Low

## Potential

Able to carry out goals to completion, potential to handle additional responsibility.  Very High  Above Average  Average  Below Average  Very Low

Recommender Name

Applicant Name: \_\_\_\_\_

May we contact you to ask further questions about the applicant?  Yes  No

Your Title: \_\_\_\_\_

Your Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code, Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Under what circumstances have you known the applicant? \_\_\_\_\_

Do you feel graduate study is appropriate for the applicant at this time? \_\_\_\_\_

Why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Admission Committee requires written recommendation for its doctoral applicants. Please write in a specific, detailed, and candid manner, noting incidents that illustrate the applicant's maturity, and initiative.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend the applicant for admission to the Colorado Christian University Doctoral Program?

Strongly recommend  Recommend  Recommend with reservations (please explain)  Do not recommend

Recommender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit all application materials to:**

Colorado Christian University  
CAGS Service Central  
8787 W. Alameda Ave.  
Lakewood, CO 80226-7490  
800.44.FAITH • Fax 303.963.3231