



# RECOMMENDATION

*Applicant: Please complete the top portion of this form.*

Applicant's name \_\_\_\_\_  
Last Previous Name (if applicable) First Middle

Degree program \_\_\_\_\_

To the Applicant: I understand that this completed recommendation will be used only for admission purposes and according to the Family Educational Rights and Privacy Act of 1974:

- I agree to waive access to this statement.
- I do not agree to waive access to this statement.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

*Recommender: Please answer all questions as completely as possible.  
Please print or type.*

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Compared to individuals you have known at a similar level of development, please evaluate the applicant on each factor listed below:

	Superior Top 10%	Very Good Top 25%	Good Top 50%	Below Average Bottom 50%	Unable to Judge
Academic aptitude					
Adaptability					
Personal character/integrity					
Creativity					
Initiative					
Interpersonal relations					
Leadership					
Oral communication					
Potential to complete program					
Servanthood					

PLEASE SHARE IN DETAIL. THE ADMISSIONS COMMITTEE VALUES YOUR INPUT AND ENCOURAGES YOU TO EXPAND YOUR THOUGHTS ON AN ADDITIONAL SHEET.

Please describe any situations or incidents which you feel best illustrate this applicant's abilities.

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Please comment on strengths and weaknesses you have observed in the applicant.

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Additional comments:

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**Recommendation for admission:**

- Strongly recommend                       Recommend with reservation  
 Recommend                                       Do not recommend

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Your Name (print) \_\_\_\_\_ Position/Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Recommender's signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to:  
Admissions Office  
Colgate Rochester Crozer Divinity School  
1100 South Goodman Street  
Rochester, NY 14620-2589*