



# 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*