

Personal Recommendation Form

(This section to be completed by applicant)											
	Applicant's Name:	Last	First	Middle	Please indicate prog	gram/major for which app	olying:				
Recommender's Name: Under the federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater utility in the assessment of a student's qualifications, abilities, and promise. We invite you, therefore, but do not require you, to waive these rights. You may, however, expressly decline to do so. A SIGNATURE is required for either statement A or statement B below. Please check one:											
 □ A. I have waived my right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential. □ B. Recommender is advised that I have retained my right to inspect this letter of recommendation and that I may have access to this recommendation. 											
					Signature		Date				
	the applicant has take ourse Number	en courses fro		der, please list the	courses: Dates Taken	Class Rank (if known)	Grade				
NOTE TO RECOMMENDER: The Admissions Committee seeks students who have the capacity to succeed academically and professionally and who show promise of commitment to serving mankind. Your frank appraisal will assist the Admissions Committee in evaluating the applicant's qualifications. Please return this completed form as soon as possible to the address at the bottom of this form. 1) In what relationship and for how long have you known the applicant?											
2)	To what degree does	s the applicar	nt's grades reflect l	his/her academic p	potential?						
3)	Please describe any 1	personality, p	hysical or emotio	nal characteristics	that you believe may b	e important to the applica	nt's success.				
4)		hing ministry	of Jesus Christ, t	to make man whol	e" (see http://www.llu.e	nd distinctive mission of L du/llu/handbook/stand.ht					

5) Please note any additional or special information that may assist the admissions committee in evaluating this applicant.

Applicant's Name:				Please indicate program/major for which applying:					
Last	First	Middle							
Rate the applican	ıt's qualificat	ions:							
Please rate the applicant of the following qualification by marking the appropriations:	us (Upper 5%)	Excellent (Upper 10%)	Very Good (Upper 25%)	Good (Upper 40%)	Fair (Upper 50%)	Below Average (Lower 50%)	No basis for judgment		
Intellectual ability									
Commitment to service									
Integrity									
Cooperation									
Maturity									
Self-motivation									
Interpersonal relationship	ps								
Emotional stability									
Oral expression/Knowledş English Language	ge of								
Please indicate your ove recommendation based		Highest ommendation	Highly Recommended	Recommer With Confi		nmended eservations l	Not Recommended		
Academic qualifications	_								
Non-academic qualificati	ions								
Recommender's 1	Information:								
Name									
Signature									
Position/Title									
Address									
Telephone (Daytin	ne)								
Date									

Return to: