NOTE TO WRITER

This applicant is applying for admission to the University of Dubuque's LIFE Program. The Learning Institute for Fulfillment and Engagement (LIFE) offers educational programs for adult learners in an evening face-to-face format. In order to make an informed admission decision, this office desires to gain reliable information concerning the abilities and accomplishments of its applicants. May we ask you to review, in this space below and on the back of this sheet, how long and in what circumstances you have known this person?

Among areas for comment may be motivation, social or intellectual characteristics, work habits, communication skills, relationships with others, and, if applicable, achievement in written work and on examinations. Specific information that distinguishes this person is most valuable. If you would like to write a letter instead of this recommendation, please feel free to do so.

We are very appreciative of your time and assistance!

Applicant’s Name ______________________________________________________________________________________

First Name Middle Initial Last Name

QUESTIONS

1. How long and in what capacity have you known the applicant?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

2. How well do you know the applicant? □ Slightly □ Fairly well □ Very well

3. What are the applicant’s principal strengths?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

4. What might detract from the applicant’s successful completion of the program?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________
5. What is the applicant's potential to do graduate work?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

6. We are interested in your comparison of the applicant to some other reference group.

In these ratings, I have evaluated the applicant within the context of my role as:
☐ Teacher  ☐ Professor  ☐ Employee  ☐ Other (specify) _________________________________________________

Please rate the applicant in the areas indicated below:

<table>
<thead>
<tr>
<th></th>
<th>EXCEPTIONALLY GOOD</th>
<th>GOOD</th>
<th>NO MAJOR WEAKNESSES</th>
<th>FAIR</th>
<th>POOR</th>
<th>NO INFORMATION</th>
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<tbody>
<tr>
<td>Academic potential</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Intellectual ability</td>
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<td>Maturity</td>
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<td>Leadership potential</td>
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<td>Analytic ability</td>
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<td>Drive and motivation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Creativity</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ability to work well with others</td>
<td>☐</td>
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<tr>
<td>Oral communication skills</td>
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<td>☐</td>
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<td>Written communication skills</td>
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<td>For international students:</td>
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<td>Ability to speak English</td>
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<tr>
<td>Ability to read English</td>
<td>☐</td>
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<td>Ability to understand English</td>
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7. Would you enjoy having this individual as a peer in a classroom or business environment? Why?

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

____________________________________________________________________________________________________

Signature                                                                                                                                                                   Date
____________________________________________________________________________________________________
Name (Please print)                                                                                      Position
____________________________________________________________________________________________________
Address                     Street, Apt., or P.O. box
____________________________________________________________________________________________________
City                                                                                                               State                                                     Zip/Postal Code

RETURN TO:  University of Dubuque, Office of Admission, LIFE Program, 2000 University Avenue, Dubuque, IA 52001-5099