



GRADUATE PROGRAM
UNIVERSITY of
DUBUQUE

Request for Recommendation

NOTE TO APPLICANT

Please enter your name in the section below before giving this to the writer. As a courtesy to your recommendation writer, this form should be accompanied by a stamped envelope addressed to: University of Dubuque, Office of Admission, LIFE Program, 2000 University Avenue, Dubuque, IA 52001-5099.

CONFIDENTIALITY AND PRIVACY

RIGHTS: Federal law guarantees only enrolled college students the right of access to their educational records. College applicants do not have this right during the admission process, only after actual registration as students. The University of Dubuque, therefore, can guarantee the strict confidentiality of this recommendation.

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:

	EXCEPTIONALLY GOOD	GOOD	NO MAJOR WEAKNESSES	FAIR	POOR	NO INFORMATION
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>For international students:</i>						
Ability to speak English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to read English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
