University *of* La Verne

Recommendation for Graduate Admission

This Section to be Completed by Applicant Only

Name of Applicant:_____ Date of Birth:_____

Graduate Program_____ I do ❏ Do not ❏ waive my right to inspect and review this letter of recommendaton

Date:_____ Signature:_____

The individual named above has applied for admission to graduate study at the University of La Verne. Departmental graduate review committees place great importance on the testimony of college faculty members and others qualified to render judgment on the applicant's academic potential, professional competence and character.

PLEASE PRINT OR TYPE

Your Name_____ Title _____

University or Firm _____

1. How long have you known the applicant? _____ In what capacity?_____

2. Please comment on the applicant's academic preparation and abilities (both positive and negative).

3. Please give us your judgment of the applicant's ability to do graduate work in the field specified above.
   Comment on his/her potential for success in the profession.

	Below Average	Average	Good	Outstanding	Inadequate opportunity to observe
Intellectual ability					
Maturity					
Leadership Potential					
Collaboration with others					
Written skills					

The following qualities pertain to applicants to the LaFetra College of Education.

	Below Average	Average	Good	Outstanding	Inadequate opportunity to observe
Commitment to Student Success					
Sensitivity to Diversity					
Ability to apply technology					

5. Please write any additional comments that may be helpful as we consider this student's application:

6. Overall, do you: ___ strongly recommend ___ recommend ___ recommend with reservations ___ not recommend?

Signature:_____ Date: _____

Graduate Admission Office • 1950 Third Street • La Verne, CA 91750
(909) 448-4444 • fax (909) 448-1614 • gradadmission@laverne.edu

1805150-SEMC

Graduate Reference

Instructions for Returning Recommendation

Please fold, tape (do not staple) and mail today.

Your prompt response in returning this form is essential to a timely decision. We appreciate your assistance and want to assure you that your comments will be carefully considered.

GRADUATE ADMISSION OFFICE
UNIVERSITY OF LA VERNE
1950 THIRD STREET
LA VERNE CA 91750

University *of*
La Verne

Office of Graduate Admission
1950 Third Street
La Verne, CA 91750