LA SIERRA UNIVERSITY Post-Baccalaureate Recommendation Form

APPLICANT

Name of Applicant _____
Last *First* *Middle* *(Maiden)*

Social Security Number / Birthdate _____

Program wishing to pursue _____

Instructions: Fill out this portion of the form and give one form each to three professional people who can evaluate you on your : (a) character, (b) academics, and (c) job performance. Please mark a different category for each recommender.

Past employers, professors, and supervisors are preferred. Please use only professional references. A reference from either a relative or friend will not be accepted.

Requesting the below recommender to assess on (check a different one for each recommender):

☐ ***character,*** ☐ ***academics,*** **or** ☐ ***job performance***

RECOMMENDER

Name of Recommender _____

Position/Title _____ Institution/Employer _____

Telephone Number (___) _____

1. In what capacity and for how long have you known the applicant?

2. Describe observed strengths and/or weaknesses that would be pertinent to the chosen program.

3. Indicate any information that you feel would be significant to the Admissions Committee in evaluating the applicant's qualifications.

4. In consideration of the total perspective, please give a final evaluation.

☐ ***Highly recommended*** ☐ ***Recommended*** ☐ ***Serious reservations*** (Please explain on back)

Signature _____ Date _____

☐ **Recommendation to remain *confidential* only if box is checked**

RETURN TO: Admissions Office-La Sierra University, 4500 Riverwalk Parkway, Riverside, CA 92515
(1(800) 874-5587 (951) 785-2176 FAX (951) 785-2477