La Sierra University

Evening Adult Degree Program

Recommendation Form

A

Name of Applicant _____

Last *First* *Middle* *Maiden*

Requesting acceptance into:

❑ College of Arts and Sciences _____

Major (Liberal Arts or Social Work)

❑ School of Business and Management _____

Major (Business)

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 _____

RETURN TO: Admissions Office, La Sierra University, Riverside, CA 92515