

# Letter of Recommendation

For admission to Cornerstone University

## I. COMPLETED BY APPLICANT

A. \_\_\_\_\_  
Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

\_\_\_\_\_

S.S. # Home phone

B. \_\_\_\_\_

Name of Employer

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip

C. \_\_\_\_\_

Your position at the above company How long at this position

D. \_\_\_\_\_

Name of person giving this recommendation Position or Title

E. \_\_\_\_\_

For admission to (Program)

## TO THE APPLICANT:

*This recommendation will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Cornerstone University, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the boxes and sign the statement below:*

F. I (do) (do not) waive the right to review this recommendation once submitted.

## II. TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

*The person whose name appears above has applied for admission to the Cornerstone University graduate program. The Admissions Committee attaches great weight to an applicant's qualifications that are not adequately reflected in past academic records. Therefore, you can assist us in our evaluation of this applicant by responding frankly to the questions in this form.*

**NOTE:** Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this recommendation unless he or she has waived that right.

*In accordance with FEPC policies, the author of reference is asked to refrain from commenting on illegal discriminatory criteria such as candidate's race, religion, national origin, political affiliations, beliefs or activities. The questions below are offered as a guide: we welcome your comments as an aid in determining the applicant's ability to benefit from and contribute to the Cornerstone University graduate program.*

A. *How long have you known the applicant?*  
\_\_\_\_\_  
\_\_\_\_\_

B. *In what capacity?*  
\_\_\_\_\_  
\_\_\_\_\_

C. *In your opinion, is the applicant qualified for admission to this program? Yes\_\_\_\_\_ No\_\_\_\_\_ Please explain:*  
\_\_\_\_\_  
\_\_\_\_\_

D. *In your opinion, does the applicant have the ability to successfully complete graduate work? Yes\_\_\_\_\_ No\_\_\_\_\_ Please explain:*  
\_\_\_\_\_  
\_\_\_\_\_

E. *On a scale of 1 to 5, how do you rate the applicant's ability to:*

	<i>Weak</i>				<i>Strong</i>
1. <i>interact with a group</i>	1	2	3	4	5
2. <i>cooperate in meeting group goals</i>	1	2	3	4	5
3. <i>clearly express him/herself verbally</i>	1	2	3	4	5
4. <i>clearly express him/herself writing</i>	1	2	3	4	5
5. <i>problem solve</i>	1	2	3	4	5
6. <i>carry out assigned tasks</i>	1	2	3	4	5
7. <i>utilize learned material or skills</i>	1	2	3	4	5
8. <i>work independently</i>	1	2	3	4	5
9. <i>work under stress</i>	1	2	3	4	5
10. <i>assume personal responsibility</i>	1	2	3	4	5

G. \_\_\_\_\_  
*Signature of individual completing this form* *Date*

\_\_\_\_\_  
*Position or Title* *Company*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City* *State* *Zip*

*The Admissions Committee and the applicant greatly appreciate the time and effort required of you to provide this information. The applicant will be considered for admission when this recommendation is received.*

**Please Mail or Fax To:**

*Cornerstone University  
Professional & Graduate Studies/Student Services  
1001 East Beltline Ave. NE  
Grand Rapids, MI 49525  
Phone (616) 222-1503  
Fax (616) 222-1528*