PROFESSIONAL OR ACADEMIC REFERENCE

Please send all forms and requested items to:
Concordia University
Graduate and Adult Admissions Office
1530 Concordia West
Irvine, CA 92612-3203
(949) 854-8002, EXT. 1106
(800) 229-1200, EXT. 1106
FAX: (949) 854-6894
http://www.cui.edu

Please type or print legibly.
Note: This is not a confidential document.

Applicant's name _____________________________________________________________ Date: ______________
Last First Middle Initial

Program of Study ______________________________________________________________________________________

To be completed by evaluator:

Signature of person completing this form ________________________________ Printed name of person completing this form

What is your relationship to the candidate: _________________________________________________________________

How long have you known the candidate: _________________________________________________________________

Contact address: ____________________________________________________________________________________

Contact phone: ________________________________ E-mail: ________________________________

Employer: _____________________________________________ Title: __________________________________________

Rate the candidate in each of the following seven areas by circling the best adjective:

1. Adaptability excellent strong average marginal weak not observed
2. Communication Skills excellent strong average marginal weak not observed
3. Cooperation excellent strong average marginal weak not observed
4. Dependability excellent strong average marginal weak not observed
5. Initiative excellent strong average marginal weak not observed
6. Leadership excellent strong average marginal weak not observed

—over—
Please provide a narrative appraisal of the candidate's ability to complete a master's level program.

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If this person was applying for a job at your company would you hire them? Why or why not?

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