

Employer/Friend Reference

Instructions to Applicant: Please complete the following before distributing the form.

Name of Applicant: _____

Name of Recommender: _____

To the Applicant: I understand this letter of evaluation is to be received and maintained by Christ Mission College for admission consideration. I hereby expressly waive any rights of access to this evaluation under the Family Education Right and Privacy Acts of 1974 and any/or all other laws, regulations or policies. I understand that the right I am waiving include, but are not limited to, the right to inspect and review this letter, the right to have a copy of this letter made for my use, and the right to request and amendment of this letter.

I agree to waive access to this statement I do not agree to waive access to this statement

Signature of Applicant: _____ Date: _____

Instructions for the Recommender:

The student named above has applied for admission to Christ Mission College and has requested that you give an evaluation. We would be grateful if you would give your honest evaluation of the applicant by responding to the questions listed below. Mail or deliver this complete form directly to CMC, being sure to seal and sign the flap to ensure confidentiality. Send to CMC, office of Admissions. Thank you for your part in this important phase of the applicant's life.

Assessment of Applicant's Abilities

Category	Excellent	Good	Fair	Poor	Unknown
Mental Ability					
Initiative					
Persistence					
Financial Integrity					
Level of Responsibility					
Potential for Leadership					
Accepts Instruction					
Attitude towards Authority					
Christian Character					
Emotional Disposition					
Study Habits					
Personal Appearance					
Speech Patterns					
Health					
Academic Readiness for College					
Ability to relate to Peer Group					

How long have you known the applicant? _____

In what capacity? _____

Do you know the applicant Well Fair Well Casually By name or sight

How would you describe the applicant as an employee/friend?

To your knowledge how is the punctuality of the applicant?

To your knowledge how would you evaluate the quality of work?

Do you have any additional information you would like to communicate by telephone? Yes No

Recommendation

Recommend with enthusiasm for admission to CMC

Recommend with reservation for admission to CMC

Do not recommend for CMC

Name of Recommender: _____ Position or Title: _____

Name of Institution: _____ Phone Number: _____

Street Address: _____ City/State: _____ Zip Code: _____

Signature: _____ **Date:** _____