



GEORGE WILLIAMS COLLEGE
AURORA UNIVERSITY

Recommendation Form

Office of Admission
George Williams College of Aurora University
350 Constance Blvd., P.O. Box 210
Williams Bay, WI 53191-0210
262-245-8564

TO BE COMPLETED BY THE APPLICANT

Name of Applicant _____

Address _____

Academic Program _____

Phone Number _____ Cell Phone _____

E-mail Address _____

I acknowledge that this reference is confidential and that I will not have access to it at some later date.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY THE RECOMMENDER

Your candid assessment of this applicant will greatly assist the Admission Committee and will be included as part of the information upon which we will base our decision for admission. The recommendation will be accessible to the applicant only if the applicant is admitted and did not waive the right of access.

Please return this recommendation directly to the Office of Admission, George Williams College of Aurora University, 350 Constance Blvd., P.O. Box 210, Williams Bay, WI 53191-0210.

How long have you known the applicant? _____ years _____ months

Under what circumstances have you known the applicant?

What do you consider the applicant's most outstanding talents, strengths, or personal characteristics?

In your opinion, in what areas could the applicant improve?

Please comment on your knowledge and assessment of the applicant's current or past work or other life experiences that would be important to success in the proposed program of study.

Please comment upon the applicant's potential for future success as a professional.

Summary Evaluation: Using the chart below, please rate the applicant relative to others you have known in a similar capacity.

	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Academic performance						
Creative ability						
Intellectual potential						
Leadership potential						
Judgment						
Maturity						
Energy level						
Communication skills: oral						
Communication skills: written						
Organizational skills						
Flexibility in work-related situations						
Ability to analyze a problem and formulate a solution						
Ability to work with other						
Ability to work independently						
Time management skills						
Motivation for proposed program of study						

Additional Comments:

Signature _____ Date _____

Name (please print) _____

Position _____

Home Telephone _____ Work Telephone _____

Address _____

City _____ State _____ ZIP _____

Aurora University affirms its support for and non-discrimination against all qualified persons regardless of race, ethnicity, color, creed, national origin, sex, disability, sexual orientation, age, family relationship, or status as a veteran in its programs and activities. The following office has been designated to handle inquiries regarding the non-discrimination policies: Human Resources, 347 S. Gladstone Ave., Aurora, IL 60506, 630-844-5493.



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