



AURORA UNIVERSITY

347 S. Gladstone Ave., Aurora, IL 60506-4892

RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT:

Name of Applicant _____
Last First Middle Initial

Address _____
No. and Street City State Zip

Intended Program of Study _____

I acknowledge that this reference is confidential.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY THE RECOMMENDER:

Your candid assessment of this applicant will greatly assist the admission committee. This form will be included in the student's application file and will be reviewed as part of the admission decision.

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 which 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 others						
Ability to work independently						
Time management skills						
Motivation for proposed program of study						

Additional comments:

Signature of Recommender _____ Date _____

Name of Recommender (please print) _____
Last First Middle Initial

Position/Title _____

Work Telephone _____ Home Telephone _____

Address _____
No. and Street City State Zip

If you are completing this recommendation for an applicant who has provided a return envelope, please place the completed recommendation form in the envelope, seal the envelope, and sign it across the seal. Return it to the applicant who will forward it unopened to Aurora University with the completed application materials. Thank you for your cooperation.

Please return this recommendation form to:

**The Center for Adult and Graduate Studies
Aurora University
347 S. Gladstone Ave.
Aurora, IL 60506-4892
Phone: 630-844-5294 / Fax: 630-844-6854
AUadmission@aurora.edu**