



Recommendation for International Student

**Aurora University
347 South Gladstone Avenue
Aurora, IL 60506-4892
USA**

TO BE COMPLETED BY THE APPLICANT

Name of Applicant _____

Address _____

Program Sought _____

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

(Please type or print in English)

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 form directly to the Office of Admission and Financial Aid, Aurora University, 347 South Gladstone Avenue, Aurora, IL 60506-4892 USA.

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 _____ Date _____

Name (please print) _____

Position _____

Home Telephone _____ Work Telephone _____

Address _____
