

Academic Recommendation Form

SECTION 1: To be Completed by Applicant

Applicant's Name

Last

First

Middle

Applicant's Address

- Check one: I waive my right to review this completed document.
 I do not waive my right to review this completed document.

Applicant's Signature

Date

SECTION 2: To be Completed by School Counselor, Teacher or Professor

(NOTE: The admission process requires your insight regarding this applicant. If the applicant does not waive his or her right to review this document, he or she has permission to read this recommendation.)

Thank you in advance for your help. We are particularly interested in your assessment of the student's academic ability and potential. Please comment, to the best of your ability, on the student's level of participation in the classroom, analytical ability, communication skills, level of motivation, study habits, ability to grasp material and academic interests.

1. Is your school: Public Private 2. Is your school accredited? Yes No
3. If accredited, by which agency or agencies? _____
4. Is the student's course selection: Most Demanding Demanding Average Below Average

(NOTE: You may attach additional pages if more space is needed. A recommendation letter may replace the following section.)

5. How well do you know the applicant? Very Well Well Casually
6. How long have you been acquainted with the applicant? _____
7. Is the academic record of this student an accurate indication of the student's ability? Yes No
 If not, please describe the circumstances. _____
- _____
- _____

Colorado Christian University seeks to admit students who will thrive in a distinctly Christian learning community. Members of the CCU community are committed to Christian values and actively participate in the integration of faith and learning.

8. Based on your knowledge of the applicant, would he or she likely profit from and contribute to the Colorado Christian University experience? _____ Comments: _____
- _____
- _____
- _____



Academic Recommendation Form (Continued)

9. Considering all qualifications, I believe at Colorado Christian University the applicant will:

- Do superior work Do above average work Do average work
 Encounter some difficulty Have significant difficulty

10. I recommend this applicant for admission:

- Enthusiastically Without Reservation With Reservation Do Not Recommend

Signature	Date
Name (please print)	Position
E-mail Address	Daytime Phone ()
School	

After completing this recommendation, please return to:

Colorado Christian
UNIVERSITY

Office of Admission + 180 S. Garrison St. + Lakewood, CO 80226

If you wish to make additional comments about the applicant, please contact an admission staff member at 303-963-3200 or 1-800-443-2484. Colorado Christian University reserves the right to select students on the basis of academic performance and personal qualifications, and does not discriminate on the basis of race, gender or national or ethnic origin in its educational programs and activities.