



California Lutheran University

RECOMMENDATION FOR ADMISSION TO GRADUATE STUDY

MBA FINANCIAL PLANNING MPPA

TO THE APPLICANT

Please complete the following:

Your name: _____ Social Security No _____

Address _____
Number and Street *City* *State* *Zip*

The Family Education Rights and Privacy Act of 1974 entitles CLU students to have access to recommendations placed in their permanent files. You may waive this right of access, in which case recommendations will be considered confidential and will not be available to you.

Waiver: I hereby do do not waive my rights to review this recommendation, in support of my application to study at California Lutheran University.

Applicant's signature: _____ Date: _____

TO THE INDIVIDUAL MAKING THE RECOMMENDATION

The above named person is applying for admission to graduate study at California Lutheran University. Will you please indicate your professional opinion of the applicant and return the form to the University as soon as possible? We appreciate your assistance.

How long and in what capacities have you known the applicant? _____Years _____Months Relationship_____

Please rate the applicant in areas where you can directly assess performance from a professional perspective.

1. Personality and character	Outstanding	Above Average	Average	Poor
2. Creativity, imagination and originality in professional work.	Outstanding	Above Average	Average	Poor
3. Capacity for rigors of graduate level study	Outstanding	Above Average	Average	Poor
4. Communication skills	Outstanding	Above Average	Average	Poor
5. Self-reliance and independence in scholarly, academic work	Outstanding	Above Average	Average	Poor
6. Mastery of fundamental skills	Outstanding	Above Average	Average	Poor
7. Motivation	Outstanding	Above Average	Average	Poor
8. Likelihood of completing degree	Outstanding	Above Average	Average	Poor
9. Overall recommendation	Outstanding	Above Average	Average	Poor

Please add any additional comments about the candidate which would help us in our evaluation.

Signed _____ Date _____

Please Print Name _____ Title _____

Institution _____

Address _____

When complete, please mail to: California Lutheran University / Graduate and Adult Programs
60 West Olsen Road #2200, Thousand Oaks, CA 91360-2700.