



# The School of Adult & Continuing Education Confidential Recommendation Form

**NAME OF APPLICANT:** \_\_\_\_\_

**PROGRAM: (Please Select One)**

- Criminal Justice (CRJ)
- Human Services/FLEX (BHS/FLEX)
- Management (BES)
- Master of Arts in Human Services (MA.HS)
- Master of Education (M.Ed.)
  - Concentration:  Early Childhood Education     Educational Leadership
  - Certification:  Principal Certification
- Master of Business Administration (MBA)    Concentration:  Finance     Human Resources Management

**TO THE APPLICANT:**

The Family Educational Rights and Privacy Act (FERPA) of 1974 entitles students to have access to the letters of recommendation in their permanent files at Lincoln University. The student may waive this right of access, in which case the recommendation will be considered confidential and will not be available to the student. If you wish to waive, or not waive, your right of access to this recommendation, please indicate and sign below.

\_\_\_\_\_ **I hereby waive my right of access.**

\_\_\_\_\_ **I do not waive my right of access.**

Signature: \_\_\_\_\_  
(REQUIRED)

Date: \_\_\_\_\_  
(REQUIRED)

**TO THE EVALUATOR:**

Please respond candidly to the questions below. Additional comments can be provided on the reverse side of this page or in a letter. As indicated above, the applicant may select to waive or not waive the right of access to this recommendation. If the applicant decides to waive the recommendation, you may mail this recommendation directly to: Lincoln University-University City, Office of Admissions, 3020 Market Street, Suite 415, Philadelphia, PA 19104.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. Please rate the applicant based on the following categories:

CATEGORY	OUTSTANDING	ABOVE AVERAGE	AVERAGE	POOR	NO BASIS FOR JUDGMENT	ADDITIONAL COMMENTS
Written Communication Skills						
Ability To Work With Others						
Maturity						
Verbal Communication Skills						
Self-Discipline						
Organizational Ability						
Analytical Ability						
Intellectual Ability						
Learning Potential						
Judgment						
Leadership						
Initiative/Motivation						
Integrity/Character						
Stability						

3. Please list additional observations and comments concerning strengths and weaknesses of the applicant. (You are encouraged to attach a letter to this form if necessary.)

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4. Overall Recommendation:

\_\_\_\_\_ Highly Recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Recommend with Revisions

\_\_\_\_\_ Would Not Recommend

**We appreciate your evaluation of this applicant.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

(PLEASE PRINT/REQUIRED)

Position Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: (      ) \_\_\_\_\_ Cell: (      ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_