



Professional Recommendation Form

Bachelor's in Business
Bachelor's in Psychology

Student Information *(To be completed by applicant)*

Print **your name and address** in the space below and give this form to the person providing a reference. This should be an individual who is familiar with your character, professional conduct and potential readiness for Corban's Bachelor's in Business or Psychology. This should be someone who has known you for at least one year and is not a relative.

Last	First	Middle		
Address	City	State	Zip	

Recommendation *(To be completed by evaluator)*

The individual whose name appears above is required to provide a reference prior to being admitted to Corban's Bachelor's in Business or Psychology. Applicants are admitted on the basis of academic, professional and personal qualities; therefore, your evaluation is appreciated.

1. How long have you known the applicant and in what capacity? *(Be specific)* _____

2. What is your perception of the applicant's potential for success in school? _____

3. How do you perceive the applicant's potential for effectiveness in business or psychology? Or, if the applicant is already a business or psychology professional, how do you rate their current effectiveness? _____

Qualities

	Superior	Above Average	Average	Below Average
Intellectual Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral and Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to Achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to expand or qualify any of your evaluative marks concerning the applicant.

Evaluator's Name _____

Phone (_____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Position or Occupation _____ Employer or Organization _____

May we contact you if we need clarification concerning this form? Yes No

Signature _____ Date _____

Please return to:

GRADUATE & ADULT DEGREE ADMISSIONS

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