



Section I

To the Applicant: *(please print or type)*

Student Name: _____
Last First Middle

Address City

State Zip/Country Home/Cell Phone Work Phone

To the Applicant and the Recommender:

This recommendation will be used only for admission purposes. I hereby waive my right to access this confidential information.

Signature of Applicant _____
Date

Section II

To the Recommender

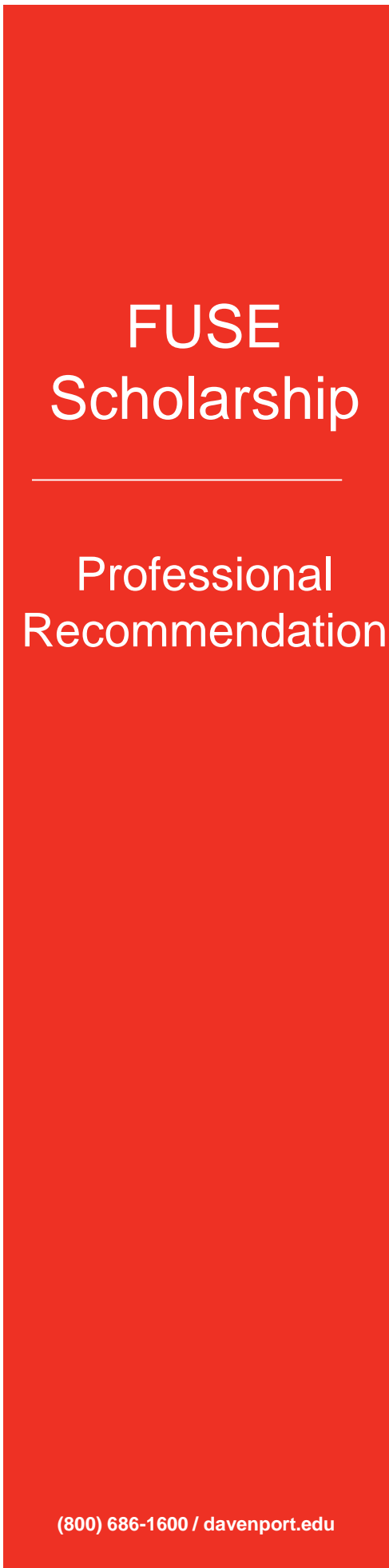
The person named above is an applicant to Davenport. The Admissions Committee attaches considerable weight to the statements made by the recommenders the applicant has selected. You will greatly assist the members of the Committee and the applicant by providing candid responses to the items on this form. If you wish to provide additional information or comments, please attach an additional sheet if necessary. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. We would be pleased to provide you with additional information about our program if it will assist you in any way. Send in sealed envelope with signature across back seal.

Recommender's Name: _____
Last First Middle

Position Title Company

Address City

State Zip/Country Home/Cell Phone Work Phone



(800) 686-1600 / davenport.edu

Professional Recommendation:

1. In what capacity have you known the applicant? _____

2. How long have you known the applicant? _____

3. What are the applicant's principal talents and strengths?

4. What characteristics do you consider to be in need of improvement?

5. Please rate the applicant using this scale:

	Outstanding	Good	Average	Poor	Unable to Judge
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence and Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning Skills - <i>(ability to allocate & schedule resources/time)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analystical Ability - <i>(ability to explore problems in an orderly manner)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please comment on the above ratings and make any additional statements concerning the candidate's qualifications in light of your observations. (Attach an additional sheet if necessary.)

7. Select one:

- I strongly recommend
- I recommend with some reservations
- I do not recommend

8. My reservations are:

Signature of Recommender: _____ Date: _____