



## Adult Learner Recommendation Form

CGMS  
4532 West Kennedy Blvd Suite 233  
Tampa, FL 33609  
1-888-344-7897  
[admissions@cgms.edu](mailto:admissions@cgms.edu)

### To be completed by applicant

Adult Learner Name: \_\_\_\_\_

Program Applying For: \_\_\_\_\_

Recommender Name: \_\_\_\_\_

Recommender Title Institution/Organization: \_\_\_\_\_

Applicant Instructions: Please write your name and contact information, such as email address, at the bottom of each page. Then provide the information requested above and give the entire form to each of the three persons you have asked to provide a letter of reference. Please provide the recommender with a stamped envelope with the following address: ((*Note: This recommendation form may be scanned and emailed to [admissions@cgms.edu](mailto:admissions@cgms.edu) directly by the Recommender*))

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Ask each individual to complete this form, place it in the envelope and sign their name across the seal. ((*Note: This recommendation form may be scanned and emailed to [admissions@cgms.edu](mailto:admissions@cgms.edu) directly by the Recommender*))

Note that by signing below you waive your rights under the Family Educational Rights and Privacy Act of 1974 to inspect this document. (This form may be photocopied. Please be sure to request a total of three recommendations.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## To be completed by recommender

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity(ies) have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

3. On a scale from one to five, with (5) being "exceptional" and (1) being "below average," how would you compare the applicant to other individuals you have known in the same capacity?

4. On a scale from one to five, with (5) being "exceptional" and (1) being "below average," how would you compare the applicant to other individuals you have previously recommended for advanced studies?

5. On a scale from one to five, with (5) being "outstanding" and (1) being "poor," how well do you think the applicant will perform in the CGMS program? You may skip this section or write "unsure."

### 6. Rating Scale

Please rate the applicant on the following characteristics using the following scale:

- 5 = Outstanding
- 4 = Excellent
- 3 = Good
- 2 = Fair
- 1 = Poor
- 0 = Unable to Judge

\_\_\_\_\_ Academic performance

\_\_\_\_\_ Dependability/responsibility

\_\_\_\_\_ Motivation for program

\_\_\_\_\_ Ability to do independent work

\_\_\_\_\_ Research aptitude

\_\_\_\_\_ Spoken English language skills

\_\_\_\_\_ Analytical abilities

\_\_\_\_\_ Intellectual capacity

\_\_\_\_\_ Maturity

\_\_\_\_\_ Ability to work with others

\_\_\_\_\_ Problem solving

\_\_\_\_\_ Written English language skills

7. Please note any concerns about the candidate's language skills here. Note that all instruction will be in English.

8. Please use this space or attached sheets to make additional comments or recommendations regarding the applicant. Please be specific about the individual's strengths and weaknesses.

Recommender name: \_\_\_\_\_

Recommender signature: \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

Institution/Organization: \_\_\_\_\_

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

The applicant should have provided you with a stamped envelope addressed to:

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Please place this completed form in that envelope and sign across the seal before mailing.  
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