



Adult Learner Recommendation Form

CGMS
4532 West Kennedy Blvd Suite 233
Tampa, FL 33609
1-888-344-7897
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 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 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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4532 West Kennedy Blvd
Suite 233
Tampa, FL 33609

Please place this completed form in that envelope and sign across the seal before mailing.
((Note: This recommendation form may be scanned and emailed to admissions@cgms.edu directly by the Recommender))