

# ADULT LEARNER RECOMMENDATION FORM

## TO BE COMPLETED BY APPLICANT

ADULT LEARNER NAME

PROGRAM APPLYING FOR

RECOMMENDER NAME

RECOMMENDER TITLE AND 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.

*This recommendation form may be scanned and emailed to [admissions@cgms.edu](mailto:admissions@cgms.edu) directly by the Recommender.*

**NOTE:** 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

APPLICANT NAME

APPLICANT CONTACT INFORMATION



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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.'

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## 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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Academic performance           | <input type="checkbox"/> Research aptitude               | <input type="checkbox"/> Maturity              |
| <input type="checkbox"/> Dependability/responsibility   | <input type="checkbox"/> Spoken English language skills  | <input type="checkbox"/> Analytical abilities  |
| <input type="checkbox"/> Motivation for program         | <input type="checkbox"/> Written English language skills | <input type="checkbox"/> Problem solving       |
| <input type="checkbox"/> Ability to do independent work | <input type="checkbox"/> Ability to work with others     | <input type="checkbox"/> Intellectual capacity |

## 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

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