



**RECOMMENDATION FORM**

To the applicant: Please complete the waiver section of this form prior to submitting to the evaluator. Return the completed and signed recommendation forms with your application materials.

Applicant's Name \_\_\_\_\_  
Last First MI

Applicant's Address \_\_\_\_\_

Confidentiality Option (Initial the desired response and sign below.)

\_\_\_\_\_The recommendation provided to Regis University on my behalf is confidential between the person writing the recommendation and Regis University. I will not ask to see it.

\_\_\_\_\_The recommendation provided to Regis University on my behalf is not confidential between the person writing the recommendation and Regis University. I may choose to review the recommendation prior to submitting it to Regis University. Materials in support of an application for admission become the property of Regis University and will not be provided or returned to an applicant.

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

Evaluator's Name \_\_\_\_\_

Evaluator's Title and Position \_\_\_\_\_

Institution/Facility \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Are you currently the employer or supervisor of the person requesting this recommendation?  Yes  No

To the evaluator: Recommendation forms play an important role in the selection process. We greatly appreciate your thoughtful and frank appraisal of the applicant. In order to ensure consistency of application review, we ask that you do not attach any additional narratives.

Carefully assess the applicant in the following categories. Compare this applicant to others you have known who have similar levels of experience and background. Please consider each definition prior to making your assessment. Please indicate your choice with an X.

Indicate the capacity in which you have been associated with the applicant.

\_\_\_\_\_ Professional/Employer

\_\_\_\_\_ Academic environment

How long have you known the applicant?

\_\_\_\_\_ 0 - 6 months

\_\_\_\_\_ 6 months - 1 year

\_\_\_\_\_ Longer than 1 year

\_\_\_\_\_ Longer than 2 years

CATEGORIES	EXCELLENT TOP 5%	ABOVE AVERAGE TOP 10%	AVERAGE TOP 40%	BELOW AVERAGE TOP 60%	UNABLE TO JUDGE
Communication Skills: Effective oral and written, language, clarity, poise, articulate, organized, non-verbal congruent with verbal.					
Interpersonal Relations: Listening ability, sensitivity, responds effectively to the feelings and needs of others, assertive, ability to negotiate.					
Professionalism: Self-directed, reliable, honest, role models professional behavior in all interactions.					
Critical Thinking/Intellectual Ability: Able to analyze aspects of a situation and set priorities, common sense, logical thinking.					
Leadership: Ability to motivate and inspire people, organizational skills, ability to take charge as well as delegate, self-directed, initiative, gains the respect of others.					
Resourcefulness: Effectively adapts to new and changing situations, prepared, utilizes and seeks appropriate resources.					
Clinical Performance (for health professions only): Innovative, autonomous clinician who modifies practice patterns to match new research, professional standards to achieve exceptional patient outcomes.					

What do you consider to be the applicant's primary strengths? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you consider to be applicant's primary areas for development/growth? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please make any additional comments about the applicant's potential as a student at Regis University.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Evaluator's Name (please print) \_\_\_\_\_ E-mail Address \_\_\_\_\_

By signing above, I verify that I recommended the applicant indicated in this document.  
 I also acknowledge that I am the evaluator indicated in the document.