



PROFESSIONAL OR ACADEMIC REFERENCE

Please send all forms and requested items to:

Concordia University
Graduate and Adult Admissions Office
1530 Concordia West
Irvine, CA 92612-3203
(949) 854-8002, EXT. 1106
(800) 229-1200, EXT. 1106
FAX: (949) 854-6894
http://www.cui.edu

Applicant: Please enter your name and the date on the line below and provide this form to two people (not related to you) for professional or academic reference. Request that the form be sent to the address at left.

Please type or print legibly.

Note: This is not a confidential document.

Applicant's name Last First Middle Initial Date:

Program of Study

To be completed by evaluator:

Signature of person completing this form

Printed name of person completing this form

What is your relationship to the candidate:

How long have you known the candidate:

Contact address:

Contact phone: E-mail:

Employer: Title:

Rate the candidate in each of the following seven areas by circling the best adjective:

- 1. Adaptability excellent strong average marginal weak not observed
2. Communication Skills excellent strong average marginal weak not observed
3. Cooperation excellent strong average marginal weak not observed
4. Dependability excellent strong average marginal weak not observed
5. Initiative excellent strong average marginal weak not observed
6. Leadership excellent strong average marginal weak not observed

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