



Kingston University

3871 E. Colorado Blvd., Pasadena, CA 91107
Tel: (626) 229-9929 / (562) 868-6488

Recommendation Form

APPLICANT SECTION (filled out by the Applicant)

Applicant Information

Mr. Mrs. Ms

Current Address:

Program applied
for admission:

Quarter/Semester
Year

RECOMMENDER SECTION (filled out by the Recommender; please contact the Admission office for questions)

Recommender's Information

Mr. Mrs. Ms

Position/Title

at

Contact Address:

I have known the applicant for: Less than 1 year. 1-2 years 2-3 years 3-5 years More than 5 years

Nature of your relationship with the applicant: _____

Applicant Rating:

Please rate the applicant on the following scale for each item:

| | Below Average (50% or less) | Satisfactory (51% - 74%) | Good (75% - 89%) | Excellent (90%-98%) | Exceptional (99% or more) | Not Applicable |
|----------------------------|--------------------------------|-----------------------------|---------------------|------------------------|------------------------------|-------------------|
| Integrity | | | | | | |
| Academic Ability | | | | | | |
| Judgment, Maturity | | | | | | |
| Initiative, Motivation | | | | | | |
| Thoroughness, Perseverance | | | | | | |
| Oral Communication | | | | | | |
| Written Communication | | | | | | |
| Overall Evaluation | | | | | | |

Additional Comments

Recommender's signature: _____

Date: _____