

PROFESSIONAL RECOMMENDATION

office use only:

student id _____ advisor _____



onlineinfo@SDCC.edu
(619) 704-2405

A College Founded on Truth.

Use of this form acknowledges that the sender waives the right to examine references sent to the institution

Applicant's Name

Telephone Number

Mailing Address

City, State, Zip

TO BE COMPLETED BY THE EVALUATOR - PROFESSIONAL RECOMMENDATION

This form may not be completed by a relative of the applicant.

The above applicant has applied for admission to the San Diego Christian College. We appreciate your assistance in evaluating this applicant's potential as a student.

This is an important part of the admission procedure, and we will consider your input carefully and confidentially.

Please complete this form carefully and candidly, and return it electronically to: onlineinfo@SDCC.edu

- 1. How many years have you known the applicant?
2. How well do you know the applicant?
3. What is your relationship to the applicant?
4. Please compare the applicant to other professionals in his/her field using the scale below: (Circle the appropriate number for each topic.)

POOR BELOW AVERAGE AVERAGE ABOVE AVERAGE SUPERIOR

Intellectual Ability
Communication Skills
Interest and Enthusiasm
Contribution Potential in Field
Emotional Maturity

Recommendation continued on next page

5. Describe the applicant's leadership potential and/or ability:

6. Describe the applicant's strong points, including special abilities:

7. Describe any area(s) that are challenges for the applicant:

8. Rate the applicant's overall ability to complete the Teacher Credential Program: _____ 1 2 3 4 5
low high

MY RECOMMENDATION

- I recommend
- I do not recommend
- I recommend with some reservation: _____

EVALUATOR INFORMATION

Printed Name of Evaluator	Signature	Date
Mailing Address	City/State	Zip
Home Phone	Occupation/Employer	Work Phone