LA SIERRA UNIVERSITY Post-Baccalaureate Recommendation Form

.	Name of Applicant				
A ^	Name of Applicant	Firs	st	Middle	(Maiden)
S	Social Security Number / Birthdate	2			
- I	Program wishing to pursue				
7	Instructions: Fill out this portion of the form and give one form each to three professional people who can evaluate you on your: (a) character, (b) academics, and (c) job performance. Please mark a different category for each recommender. Past employers, professors, and supervisors are preferred. Please use only professional references. A reference from either a relative or friend will not be accepted. Requesting the below recommender to assess on (check a different one for each recommender): Character Academics Job performance				
	Name of Recommender				
	Position/Title		stitution/Emplo	oyer———	
	Telephone Number ()				
	1. In what capacity and for how long have you known the applicant?				
E C O M M M E N O E R	2. Describe observed strengths and	or weaknesses that wo	ould be pertine	nt to the chosen p	orogram.
	 Indicate any information that you applicant's qualifications. 	feel would be signific	cant to the Adn	nissions Commit	tee in evaluating the
	4. In consideration of the total perspective, please give a final evaluation.				
	Highly recommended	Recommended	Serious	reservations (Plea	ase explain on back)
	Signature		Date_		
	Recommendation to remain <i>confidential</i> only if box is checked				

RETURN TO: Admissions Office-La Sierra University, 4500 Riverwalk Parkway, Riverside, CA 92515 (1(800) 874-5587 (951) 785-2176 FAX (951) 785-2477