NORTH CENTRAL UNIVERSITY
Your life. Our mission.

## 1. To the Applicant:

This recommendation form should be completed by a teacher, professor, guidance counselor, employer, or school administrator.  References from family members are not accepted. Please complete the following information and forward this form to your reference for completion.

Full Name of Applicant
_____

Address of Applicant                              City                              State        Zip

**Applicant's waiver of right of Access to Confidential Statement**: I willingly waive my right of access to see this confidential reference understanding that signing this waiver is not required as a condition for admission.

Signature                                                              Date
_____

## 2. To the Teacher/Guidance Counselor/Employer:

The student named above is required to submit this form before admission to North Central University can be considered.  We value your comments and request that you give a full and candid report so that fair consideration may be given to the applicant.  Your prompt attention is appreciated.  If this form is not adequate for your remarks, please attach any additional information.  If you feel that you do not know the student well enough to give a complete reference, please refer the student to another person.

**Confidentiality**:  Federal law gives students the option of waiving their right to see specific letters of recommendation.  If the applicant has not signed the waiver statement above, we will assume that you are submitting information with full knowledge that it may be seen by the applicant if he or she is accepted at North Central.  If the above waiver is signed, your recommendation will remain confidential.

1.  How long have you known the applicant? _____

2.  How well do you know the applicant? _____

3.  Please list the student's involvement in activities at your institution or place of employment:
_____
_____

4.  Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, academic, etc.):
_____
_____
_____
_____

5. Has the applicant ever been dismissed or suspended?  ❏ Yes  ❏ No  If yes, please explain:
_____
_____
_____
_____

6. How do you rate this person in the following areas? (Please mark an X along the line.)

|  | Excellent | Above Average | Average | Below Average | No chance to observe |
|---|---|---|---|---|---|
| Academic Ability | | | | | |
| Anticipated Achievement in College | | | | | |
| Communication Skills | | | | | |
| Cooperativeness | | | | | |
| Emotional Stability | | | | | |
| Initiative/Motivation | | | | | |
| Integrity and Honesty | | | | | |
| Leadership | | | | | |
| Responsibility | | | | | |
| Social Adaptability | | | | | |

7. What specific encouragement, guidance or supervision would you suggest?

_____

_____

_____

8. What additional information can you provide about this applicant that may help us in making our decision?

_____

_____

_____

9. To your knowledge has the applicant used the following in the past year:

Alcoholic Beverages: ❑Yes ❑ No     Tobacco? ❑ Yes ❑ No     Non-Medical drugs? (Marijuana, narcotics, etc.) ❑ Yes ❑ No

10. Recommendation:     ❑ I recommend          ❑ I recommend with reservation          ❑ I do not recommend

## Please print the information below

Name
_____

Name of School/Organization
_____

Position _____    Telephone  (        )

Address _____    City _____    State _____    Zip _____

Character Recommendation Signature _____    Date _____

Please return to:

North Central University            phone – 800.289.6222 or 612.343.4460
Admissions Office                   fax – 612.343.4146
910 Elliot Avenue                   email – admissions@northcentral.edu
Minneapolis, MN 55404               web site – www.northcentral.edu