BELHAVEN COLLEGE—RECOMMENDATION FORM

Name of Applicant _____
LAST FIRST (MAIDEN/MIDDLE)

Program:
- ❍ Associates of Arts
- ❍ Associates of Arts with concentration in Biblical Studies
- ❍ Bachelor of Business Administration
- ❍ Bachelor of Health Administration
- ❍ Bachelor of Arts in Social Services with Concentration in Christian Ministry
- ❍ Bachelor of Arts in Social Services
- ❍ Bachelor of Science in Management
- ❍ Master of Business Administration
- ❍ Master of Arts in Teaching
- ❍ Master in Education

Recommender's Name _____
LAST FIRST (MAIDEN/MIDDLE)

Mail to:
Belhaven College
Accelerated Degree Program
2301 Maitland Center Pkwy.
Maitland 200 Suite 165
Maitland, FL 32751

To the Applicant:

The Educational Rights and Privacy Act, as amended, allows a candidate for admission to waive her/ his rights of access to confidential letters or statements written on his/her behalf if the recommendation is used solely for purposes of admission or financial aid and if the candidate, upon request, is notified of the names of all persons making such recommendations on her/his behalf. The school does not require that you make such a waiver as a condition for admission or financial aid. Under the legislation you are free to choose to maintain your right of access to this recommendation or waive that right. I hereby waive my right of access to this recommendation and authorize the person named above (recommender) to provide a candid evaluation of all relevant information to Belhaven College.

Date _____/_____/_____Signature_____

❍ I do not waive my right of access to this recommendation and authorize the person named above to provide a candid evaluation of all relevant information to Belhaven College.

Date _____/_____/_____Signature_____

To the Recommender:

If the applicant has not signed this form on one of the lines above indicating his/her choice regarding access, please return the form to the applicant before completing the recommendation.

Please rate the applicant in comparison to others of similar age and position whom you have known:

	Unknown	Low	Medium	High
Shows initiative in work				
Ability to speak clearly				
Ability to work in a group				
Ability to manage time				
Ability to write clearly				
Ability to learn independently				

To the Recommender:

The applicant wishes your response to be considered as part of her/his application, which will not be regarded as complete until your recommendation is received.

If you will be making an academic recommendation, we would appreciate knowing about specific intellectual abilities and accomplishments. If you are making a general recommendation, reference to the applicant's maturity, social sensitivity, interpersonal skills, ability to work in a diverse environment and promise for vocation are helpful. We encourage frank statements regarding the applicant's limitations and the probable effect of these limitations on the applicant's ability to do college or graduate work. Feel free to submit your statement on the lines below or on a separate page.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____