CONFIDENTIAL RECOMMENDATION FORM

TO THE APPLICANT

Complete the section below and provide your reference with a stamped, self-addressed envelope.

_____
APPLICANT'S LAST NAME FIRST NAME INITIAL

_____
SOCIAL SECURITY NUMBER

_____
HPU PROGRAM TO WHICH YOU ARE APPLYING

Applying for: ❒ Fall _____ ❒ Summer _____
❒ Spring _____ ❒ Winter _____
❒ Military Campus Program Term _____

Materials in student files, such as recommendation forms, are open to inspection by the student upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not circle a response.

I (circle one) DO DO NOT
waive access to this recommendation.

_____
APPLICANT'S SIGNATURE DATE

TO THE RECOMMENDER

This form should be returned in the envelope provided; please seal it and sign it across the seal. ***We are aware of the time and care necessary to prepare this evaluation and gratefully acknowledge your assistance.***

_____
NAME OF INDIVIDUAL COMPLETING THIS FORM

_____
POSITION/TITLE

_____
ORGANIZATION/INSTITUTION

_____
ADDRESS STREET AND NO.

_____
CITY STATE ZIP/POSTAL CODE COUNTRY

_____
PHONE NUMBER

Please compare the applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

	Excellent	Above Average	Average	Below Average	Inadequate Opportunity To Observe
Analytical ability	❒	❒	❒	❒	❒
Quantitative ability	❒	❒	❒	❒	❒
Command of field of study	❒	❒	❒	❒	❒
Written English	❒	❒	❒	❒	❒
Oral English	❒	❒	❒	❒	❒
Interpersonal skills	❒	❒	❒	❒	❒
Maturity	❒	❒	❒	❒	❒
Motivation	❒	❒	❒	❒	❒
Initiative	❒	❒	❒	❒	❒
Leadership potential	❒	❒	❒	❒	❒
Results-orientation	❒	❒	❒	❒	❒
Assertiveness	❒	❒	❒	❒	❒
Professional knowledge	❒	❒	❒	❒	❒

OVERALL IMPRESSION OF CANDIDATE

❒ Enthusiastically recommended
❒ Recommended
❒ Recommend with some reservations
❒ Do not recommend

Please return your completed form to:

GRADUATE ADMISSIONS
HAWAI'I PACIFIC UNIVERSITY
1164 BISHOP STREET, SUITE 911
HONOLULU, HAWAI'I 96813
PHONE: 808-544-1135
FAX: 808-544-0280

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ADDITIONAL QUESTIONS

1. How long have you known the applicant and under what circumstances?

2. What are the applicant's strengths?

3. What are the applicant's weaknesses?

4. The Admissions Committee would appreciate any additional comments concerning the applicant's aptitude for advanced study or his/her potential for becoming a successful manager and leader. (Use a separate sheet if needed.)

_____

SIGNATURE DATE

_____

TITLE