



HAWAI'I PACIFIC
UNIVERSITY

Office of Admissions
Toll-free: 1-866-CALL-HPU
Direct: (808) 544-0238
grad@hpu.edu

Recommendation for Graduate Admission

Applicants must submit two (2) recommendations and some specific graduate admission programs require three (3) recommendations. Please refer to your intended program requirements. In addition, your recommender may also include a separate letter describing your abilities to successfully complete an HPU graduate program. Please ask the recommender to include your full name, program to which you are applying, and date of birth (year not necessary). Complete and submit recommendations to: **Office of Admission, 1164 Bishop Street, Honolulu, HI 96813**

STUDENT INFORMATION (To be completed by student)

Last/Family Name

Given, First Name

Middle Name

Preferred First Name

Former Last Name(s) if any

Gender

Date of Birth (mm/dd/yyyy)

Male

Female

Current Mailing Address (Street address, City, State, Postal Code, Country)

Address Valid Until (mm/dd/yyyy)

Telephone Number

Email Address

Year Applying for:

Term Applying for:

Fall Semester (September – December)

Spring Semester (January – May)

Winter Intersession (December – January)

Summer (May – August)

Academic Major or Program:

ACCESS/RELEASE

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 check a response below.

Check one: I DO waive access to this recommendation I DO NOT waive access to this recommendation.

Student Signature

Date

Hawai'i Pacific University admits students without regard to sex, race, age, color, disability, religion, sexual orientation, or national or ethnic origin to all programs and activities generally accorded to or made available to students at the University. As provided for and to the extent required by state and federal laws, the University provides educational opportunities without regard to, and prohibits discrimination, including harassment, against students on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity or expression, national or ethnic origin, or any other characteristic protected by applicable law in the administration of its educational programs, policies, admissions policies, scholarships, activities and loan programs, and athletic and other University-administered programs.

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RECOMMENDER INFORMATION (To be completed by Recommender)

The named applicant is applying for admission to Hawai'i Pacific University. Your insight into this applicant's talent and abilities will be important in determining his/her admittance. Please provide your contact information below for verification purposes. Please use a separate sheet of paper if needed. In addition to the information requested below, you may also include a letter describing the applicant's qualifications.

Name of individual completing this form

Organization/Institution

Position/Title

Phone Number (include area code)

Email

Current Mailing Address (Street address, City, State, Postal Code, Country)

Relationship to Applicant

Years Known

Please compare the applicant with others you have known during your professional career and answer the questions below. Please use an additional sheet of paper, if needed.

1. What are the applicant's strengths?

2. What are the applicants weaknesses?

3. Do you have any additional comments concerning the applicant's potential for success in their field of study?



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4. Overall Impression of Candidate (Please select only one):

Enthusiastically Recommend

Recommend with some reservations

Recommend

Do not recommend

5. For each of the categories below, check the appropriate box that correlates with the applicant's observed skills.

Excellent	Above Average	Average	Below Average	Inadequate Opportunity to Observe
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Analytic Ability

Quantitative Reasoning

Command of Field of Study

Written English

Oral English

Interpersonal Skills

Initiative

Leadership Potential

Results Orientation

Professional Knowledge

All of the information given in this request for recommendation is complete and correct to the best of my knowledge.

Signature of Recommender

Date