



PROFESSIONAL & GRADUATE STUDIES
Greensboro College
815 West Market Street
Greensboro, NC 27401-1875

RECOMMENDATION FOR ADMISSION

To the applicant: Print your name below. Give your reference this form with a stamped envelope addressed to us.

Name of applicant _____
Last First Middle/Maiden

I waive my right to view this completed form. Yes No

Signature _____



To the reference: The person whose name appears above has applied for admission to the Adult Education Program at Greensboro College. Please answer the questions below as specifically and candidly as possible, particularly noting maturity, purpose, and initiative.

Printed name of individual completing this form _____

Position/Title Organization/Firm

YOUR COMMENTS WILL BE AN IMPORTANT FACTOR IN THE DECISION

1. How long have you known the applicant?
2. Under what circumstances have you known the applicant?
3. What goals do you perceive that the applicant has established relating to a college degree?

4. We would appreciate any additional statement you may wish to make concerning the applicant's capacity for undergraduate work.

5. Please rate the applicant with respect to the qualities below. Check the appropriate boxes.

	BELOW AVERAGE	AVERAGE	GOOD	VERY GOOD	EXCELLENT	NOT OBSERVED
ABILITY TO DO COLLEGE WORK						
LEADERSHIP POTENTIAL						
SOCIAL SKILLS						
MOTIVATION						
ABILITY TO WORK INDEPENDENTLY						
WRITTEN SKILLS						
ORAL SKILLS						

6. I _____ strongly recommend that this candidate be admitted to Greensboro College.
 _____ recommend that this candidate be admitted to Greensboro College.
 _____ recommend with some reservations that this candidate be admitted to Greensboro College.
 _____ do not recommend that this candidate be admitted to Greensboro College.

7. Additional comments:

Signature _____ Date _____

Please return to: Office of Professional & Graduate Studies, Greensboro College, 815 W. Market St., Greensboro, NC 27401