PROFESSIONAL RECOMMENDATION

To be completed by the Applicant

Applicants Name (last, first, middle initial

Mailing Address, City, State, Zip

Phone

Email

This recommendation may not be completed by a relative, spouse, or friend of the applicant. Recommendation forms are utilized for admissions purposes only.

The **Family Rights and Privacy Act of 1974 (FERPA)** provides that certain educational records may be open to students at their request. The law also provides that in the case of recommendations, the institution may request but not require the student to waive his/her rights to read confidential recommendations. Please indicate below whether or not you will waive your right to read the recommendation on this form, and then sign your name.

☐ I waive my rights to read this confidential recommendation.

☐ I do not waive my rights to read this confidential recommendation.

Applicants Signature

Date

To be completed by the Recommender

Crossroads College Compass Adult Studies *has a personalized and selective admissions review process. Accordingly, Crossroads College will be viewing the applicant's academic records including courses pursued, grades received, and other academic indicators. The college recognizes that those cannot in themselves predict the applicant's potential success in the program. The applicant is asked to present two recommendations directed to such concerns as initiative, cognitive ability, responsibility, integrity, communication skills, and professional goals. Thank you for your willingness to serve as a recommender for this applicant.*

Name (please print) Company Position

Mailing Address, City, State, Zip

Daytime Phone Email

How long have you known the applicant? _____ In what capacity? _____

Are you or have you ever been the applicant's supervisor? ☐ Yes ☐ No

What do you consider to be the applicant's chief strengths? _____

PROFESSIONAL RECOMMENDATION – CONTINUED ON BACK

In what way, if any, do you think the applicant may be challenged at the college level? _____

_____

_____

_____

_____

Please rate the following criteria for the applicant:

	Poor	*Below Average*	*Average*	*Above Average*	*Superior*	*Observation*
Initiative at work	1	2	3	4	5	_____
Responsibility for his/her work	1	2	3	4	5	_____
Ability to speak clearly in:						
• ***One-to-one relationships***	1	2	3	4	5	_____
• ***Group work settings***	1	2	3	4	5	_____
• ***Public speaking situations***	1	2	3	4	5	_____
Ability to work in a team environment	1	2	3	4	5	_____
Ability to manage his/her time	1	2	3	4	5	_____
Ability to write clearly	1	2	3	4	5	_____
Ability to learn independently	1	2	3	4	5	_____

Additional Comments: _____

_____

_____

_____

_____

_____

_____

_____ _____

Recommenders Signature Date

Please sign and mail completed form to:

Crossroads College
Compass Adult Studies Department
920 Mayowood Road SW
Rochester, MN 55902-2382