Letter of Recommendation

Please return this form directly to the Admissions Office, Amridge University,
1200 Taylor Rd., Montgomery, AL 36117-3553
1-800-351-4040 ● 334-387-3877 ● FAX 334-387-3878
www.amridgeuniversity.edu

Applicant's name _____

How long have you known the applicant? (no relatives) _____ years

How well do you know the applicant? ❑ Very well ❑ Well ❑ Casually

What particular association have you had with the applicant? _____

_____

Do you know any reasons why the applicant would be hindered in pursuit of an academic degree? ❑ No ❑ Yes

_____
explanation

_____

Please mark the appropriate boxes below:

	Excellent	Average	Poor		Excellent	Average	Poor
Christian character	❑	❑	❑	Intellectual ability	❑	❑	❑
Moral integrity	❑	❑	❑	Writing skills	❑	❑	❑
Commitment to Christ	❑	❑	❑	Speaking skills	❑	❑	❑
Relates well to peers	❑	❑	❑	Creative, innovative thinking	❑	❑	❑
Attitude toward other people	❑	❑	❑	Productivity	❑	❑	❑
Emotional stability	❑	❑	❑	Leadership skills	❑	❑	❑
Ability to take criticism	❑	❑	❑	Dependability	❑	❑	❑
Professional demeanor	❑	❑	❑	Technology skills	❑	❑	❑

Overall Recommendation

❑ Recommend most highly ❑ Strongly recommend ❑ Recommend

❑ Recommend with some reservation ❑ Do not recommend

Comments: _____

_____

_____

_____

Evaluator: _____
Printed Name

_____ _____
Signature *Date*

_____
Street Address *City* *State* *ZIP*

_____ / _____ _____ / _____
Home Phone *Work Phone* *Ext.*