

TO THE APPLICANT:

Student's Name: _____

Address: _____ City/State: _____ Zip: _____

Telephone: Work (____) _____ Home (____) _____ Cell (____) _____

Graduate program I am applying for _____

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

I do I do not waive my right to read this confidential recommendation.

Signature: _____

To the person completing this reference:

Printed Name: _____

Address: _____ City/State: _____ Zip: _____

Telephone: Work (____) _____ Home (____) _____

Position/Occupation: _____

Professional capacity in which you have known this applicant _____

How long have you known this applicant? _____

After completing reverse side, please return this form to Friends University:

Graduate and Professional Studies
Friends University
2100 W. University Ave.
Wichita, KS 67213
316-295-5300 (Ph)
316-295-5050 (Fax)

Your prompt reply is appreciated. Thank you for your cooperation.

Friends University has a selective admissions and personalized reviewing process. The admissions committee will be reviewing academic records including courses pursued, grades received, and scores from standardized tests. **Please address the following issues in light of the specific program for which the student is applying.**

Rate the applicant on the following qualities:

Professional Qualities	Outstanding	Above Average	Average	Below Average	No Evidence
Initiative					
Leadership					
Responsibility					
Integrity					
Social Adjustment					
Professional Interest and Goals					

Keeping in mind the above qualities, what do you consider to be the applicant's chief strength? _____

In what areas do you feel the applicant might have problems in pursuing a degree in this graduate area? _____

In what area has the applicant made the greatest contribution to his/her school, community or place of employment? _____

We would appreciate any additional comments that would help us to better know this candidate. _____

Please check one:

I **strongly recommend** ___ **recommend** ___ **recommend with some reservation** ___ **do not recommend** ___ the admission of this applicant to Friends University.

Signature: _____ Date: _____

Friends University does not discriminate against academically qualified students of any race, color, national or ethnic origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding this policy: EEOC/Title IX Coordinator, Friends University, 2100 W University Ave., Wichita, KS 67213, (316) 295-5000. Friends University is accredited by The Higher Learning Commission and is a member of the North Central Association, 230 S. LaSalle Street, Suite 7-500, Chicago, IL 60604, www.ncahlc.org, 1-800-621-7440.