



- Master of Business Administration
- Master of Arts in Teaching
- Master of Science in Criminal Justice Administration

← Applicant check box of the program for which you are applying

RECOMMENDATION FORM

(Applicant complete the following)

APPLICANT

Please enter your information in this section on three forms. Send a Recommendation Form to three references to complete and return to the Admissions Office of the campus to which you are applying. Visit www.ccis.edu/directory/ for mailing addresses.

Applicant Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State/Zip*

Date of Birth: _____ *e-mail:* _____

Phone Numbers: _____ *(home)* _____ *(cellular/work)*

Current Job Title: _____

By signing below, I agree that the recommendation I am requesting shall be held in confidence by officials at Columbia College and I hereby waive all rights to examination of the recommendation form.

Applicant Signature Date

(Recommender please complete the following: attach additional sheets/letter if necessary.)

RECOMMENDER

The person whose name appears above is applying to the Graduate Program at Columbia College. We would appreciate your detailed responses in the areas listed below.

Recommender: _____ *Title:* _____

Institution/Organization: _____

Address: _____
Street *City* *State/Zip*

Phone Number: _____ *e-mail:* _____

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

Objective Evaluation of the applicant's ability to benefit from the program and apply the professional skills acquired:

Please rate these specific skills (✓):

CATEGORIES	Outstanding (Top 5%)	Above Average (Top 15%)	Average (Top 25%)	Below Average (Lower 25%)	Unknown
Verbal Communication					
Written Communication					
Abstract Concept Analysis					
Objectivity					
Appreciation of Diverse Views					
Critical Thinking					
Creative Thinking					
Receptivity to Feedback					
Self-Motivation					
Commitment					
Working in Groups					
Application of Knowledge					
Decision-Making					
Problem-Solving					

Please list strengths of the applicant:

1. _____
2. _____
3. _____

Please list concerns about the applicant:

1. _____
2. _____
3. _____

Please provide any other information about the applicant which you consider to be relevant:

 Recommender Signature

 Date

Please mail the completed form to the campus to which the applicant is applying.
 Visit www.ccis.edu/directory/ for mailing addresses.