

# GENERAL RECOMMENDATION

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 Clearwater, Florida 33759-4595  
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 E-mail: Admissions@clearwater.edu  
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RECOMMENDATION  
 CLEARWATER CHRISTIAN COLLEGE  
 ADMISSION

## SECTION ONE To Be Completed by the Applicant

Complete Section 1. Give to a non-related adult who knows you in a capacity other than a casual acquaintance to complete Section 2.

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I, the undersigned, voluntarily waive any right to inspect the contents of this recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION TWO To Be Completed by the General Reference

Please provide responses to the questions given below. Completed forms may be mailed or faxed to the Office of Enrollment Services.

- In what capacity do you know the applicant and for how long? \_\_\_\_\_
- Please check the statement that best describes the student's interaction with you and other members in the general society.
  - Enthusiastically initiates discussions and interaction
  - Willingly participates in discussion and interaction     Seldom initiates discussion and interaction
- In a word, what do you believe to be the applicant's greatest strength? \_\_\_\_\_
- In a word, what do you believe to be the applicant's greatest weakness? \_\_\_\_\_
- Evaluate the applicant by checking the appropriate rating for the criteria given.

Criteria	Excellent	Good	Average	Below Average	No Evaluation
Attitude toward authority					
College readiness					
Cooperation					
Emotional stability					
Integrity					
Intellectual ability					
Leadership					
Motivation					
Peer acceptance					
Reputation					
Response to counsel					
Self-discipline					
Social maturity					
Task completion					

6. On the back of this form, please list any circumstances of which Clearwater Christian College should be aware before deciding on the applicant's admission.

7. RECOMMENDATION:  Highly recommend     Recommend     Recommend with reservation  
 Prefer not to recommend     I need to discuss this recommendation by telephone.

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_