

# TRANSFER RECOMMENDATION

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CLEARWATER CHRISTIAN COLLEGE  
 RECOMMENDATION

## SECTION ONE To Be Completed by the Applicant

Complete Section 1. Give to your dean of students or academic advisor in your school to complete Section 2. Reference should not be related to the applicant.

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 Transfer 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? \_\_\_\_\_
- Please check the statement that best describes the student's interaction with you and other faculty members outside of the classroom.
  - 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. Is the student eligible to return to your college?  Yes  No  Conditionally    If no or conditionally, please explain on the back of this form.

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

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

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

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