

RECOMMENDATION LETTER FOR MS BIO APPLICANT

Please submit to:

California State University Channel Islands
Extended University
Sage Bldg. Rm. 2109
One University Dr.
Camarillo, CA 93012
(805) 437-2748
(805) 437-8859 fax

Applicant's Name: _____

Semester Applying for: _____

TO THE APPLICANT:

Please provide information above. Mail a return envelope and this form to the individuals you have asked to provide a recommendation as a part of your application. Once the recommendation forms have been returned to you, submit package to CSUCI. Read the statement below and if you choose, sign it where indicated.

The Family Education Right Privacy Act of 1974 entitles CSUCI graduate students to have access to letters of evaluation in their permanent record files at CSUCI. The applicant may have waive the right of access to letters of evaluation, in which case letters of evaluation will be considered confidential by CSUCI and will not be available to the student. If you wish to waive your right of access to this letter of evaluation, please so indicate by signing your name on the line below the following statement.

I, the undersigned, hereby waive all rights or privileges provided by Public Law 930380 to inspect or challenge the content and comments appearing in this letter of recommendation. I agree that observations made in this letter of recommendation should be confidential between the writer and the various agencies to whom my confidential file may be addressed.

Applicant's Signature

Date

TO THE RECOMMENDER:

The MS BIO Admissions Committee finds recommendations which present a balanced view of an applicant's ability and attributes most helpful. Specific comments about significant attributes are more useful than general statements. Please be as candid as possible. Note that by law applicants may have access to all academic records. If the applicant has signed the statement above, your comments will be held completely confidential.

These questions are included only as guidelines. If you prefer to address the question of the applicant's overall fitness for Graduate Management education in some other manner, please feel free to do so. If you use additional sheets of paper, please staple them to the back of this form. Please return this form in the envelope addressed to the applicant. Please seal the envelope and write your signature across the seal on the flap.

Recommender's Name _____

Telephone: _____

Position/Title: _____

Company/Organization: _____

Address: _____

Number & Street

City, State, & Zip Code and Country

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ years _____ months

UNDER WHAT CIRCUMSTANCES DID YOU KNOW THE APPLICANT?

PLEASE COMMENT ON THE APPLICANT'S ACADEMIC PREPARATION AND ABILITIES (BOTH POSITIVE AND NEGATIVE).

PLEASE COMMENT ON THE APPLICANT'S DEMONSTRATED AND/OR POTENTIAL MANAGERIAL AND TECHNICAL ABILITIES.

HOW WOULD YOU RATE THIS APPLICANT WITH RESPECT TO THE FOLLOWING QUALITIES?

Quality	Exceptional Top 2%	Outstanding Top 10%	Very Good Top 20%	Good Top 1/3	Average Middle 1/3	Below Average 1/3	Inadequate Opportunity to Observe
Intellectual ability							
Maturity							
Leadership potential							
Ability to get along with others							
Written skills							
Oral Skills							
Creativity/Imagination							
Self-confidence							

- I strongly recommend that this applicant be admitted to the CSUCI MS BIO Program.
- I recommend that this applicant be admitted to the CSUCI MS BIO Program.
- I recommend with some reservation that this applicant be admitted to the CSUCI MS BIO Program.
- I do not recommend that this applicant be admitted to the CSUCI MS BIO Program.

Recommender's Signature

Date

Since your evaluation will become part of the applicant's formal application, your prompt response in returning this form is essential to a timely decision. Please return the completed form in the self addressed envelope provided by the student. Thank you for your cooperation.