WARNER UNIVERSITY

Recommendation

Please return this form promptly in the envelope provided. Your reference is an important part of the application process.

Return to: **Warner University**
Enrollment Management
13895 Highway 27
Lake Wales, FL 33859

Name of Applicant: _____

Intended Field of Study:
- ❑ Associate of Arts in General Studies
- ❑ Bachelor of Arts in Business Administration
- ❑ Bachelor of Arts in Educational Studies
- ❑ Bachelor of Arts in Health Care Management

Check one:

❑ I waive my right of access to confidential statements and recommendations which are contained in, or are a part of, my educational records in the possession of, or used by, the Admissions Office.

❑ I do not waive my right to review your recommendation.

Applicant's Signature _____ Date _____

Name of Reference: _____

Relationship to Applicant: _____

1. Please indicate the extent of your contact during the time of your association with the applicant:
   ❑ Daily ❑ Frequently ❑ Infrequently

2. Place an obvious mark in the section that represents your estimate of the degree to which this applicant demonstrates each of the following qualities:

	Excels	Above Average	Average	Below Average	Poor
Demonstrates willingness to learn and grow	❑	❑	❑	❑	❑
Ability to learn, understand, assimilate knowledge	❑	❑	❑	❑	❑
Ability to express self in writing	❑	❑	❑	❑	❑
Ability to express self orally	❑	❑	❑	❑	❑
Ability to organize responsibilities and tasks	❑	❑	❑	❑	❑
Reliability and promptness with assignments	❑	❑	❑	❑	❑
Willingness to pursue tasks to completion	❑	❑	❑	❑	❑
Ability to work independently	❑	❑	❑	❑	❑
Ability to work with people	❑	❑	❑	❑	❑
Degree of flexibility and ability to adapt	❑	❑	❑	❑	❑
Handles stressful situations appropriately	❑	❑	❑	❑	❑

3. Please include a statement recommending acceptance or rejection of this applicant and any other comments you feel are important about the applicant. Be specific.

_____ Reference's Signature

_____ Date

_____ Phone Number