



# RECOMMENDATION FOR ADMISSION

*Pacific Lutheran University Application for Graduate Study*

## THIS PORTION TO BE COMPLETED BY APPLICANT

Name of Applicant: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

For admission to (check one):  Summer  Fall  January Term  Spring Year: \_\_\_\_\_

### APPLYING FOR:

- |   |  |
|---|--|
| <input type="checkbox"/> MBA  | <input type="checkbox"/> Master of Science-Entry Level (Non-Nursing Bachelor's Degree)           |
| <input type="checkbox"/> MBA – Technology and Innovation Management (TIM)               | <input type="checkbox"/> Master of Arts in Education/Project Lead                                |
| <input type="checkbox"/> MBA – TIM (Saturday Program)                                   | <input type="checkbox"/> Master of Arts in Education with Residency Certification/Project Impact |
| <input type="checkbox"/> Post MBA – Certificate in Technology and Innovation Management | <input type="checkbox"/> Principal/Program Administrator Certification Only                      |
| <input type="checkbox"/> Master of Arts – Marriage and Family Therapy                   | <input type="checkbox"/> Master of Fine Arts in Creative Writing                                 |
| <input type="checkbox"/> Master of Science in Nursing (BSN prepared only)               |  |
| <input type="checkbox"/> Family Nurse Practitioner                                      |  |
| <input type="checkbox"/> Care and Outcomes Manager                                      |  |

In compliance with the Family Education Rights and Privacy Act of 1974, effective November 21, 1974, this letter of recommendation, which will be placed in the applicant's admission file, may be reviewed by the applicant upon request unless this waiver has been signed.

Do you waive the right to be shown information on this form which is to be used for graduate admission purposes only, and hereby declare it to be confidential.  Yes  No

NAME OF APPLICANT (PRINT)

SIGNATURE OF APPLICANT

DATE

## THIS PORTION AND THE REVERSE SIDE TO BE COMPLETED BY RESPONDENT

Name of Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Signature of Respondent: \_\_\_\_\_

What has been your relationship to the applicant? (Check as many as apply)

- Instructor (undergraduate/graduate)  Academic Advisor  Employer/Supervisor  Other (Specify) \_\_\_\_\_

As far as you know, do undergraduate grades give an accurate evaluation of the applicant's academic potential for graduate work?

- No basis for judgement  Grades underrate potential  Grades correctly reflect potential  Grades overrate potential

Please describe the applicant's performance by checking the appropriate box opposite each characteristic:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Academic knowledge in major field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical knowledge/skills in major field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to implement new ideas and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to and working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability for graduate level study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written command of the English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral command of the English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions as worker and member of society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall ranking of applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your assistance.**

Please return to: Office of Admission, Pacific Lutheran University, Tacoma, Washington 98447

Phone: (253) 535-7151

Fax: (253) 536-5136

*Please use this space to provide comments about the applicant's qualifications for graduate study.*