

## Recommendation Form

**Please print or type all information and fill in blanks.**

All completed recommendation forms must be sent to Belhaven University at the address listed below.

### I. Information: To be completed by applicant

A. Name \_\_\_\_\_  
Last First Middle  
Mailing Address \_\_\_\_\_  
Number and Street  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_

B. Name of employer \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Number and Street  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_

C. Your position at the above school or company \_\_\_\_\_  
How long in this position? \_\_\_\_\_

D. Name of person giving this recommendation \_\_\_\_\_  
Position or Title \_\_\_\_\_

Are you now or have you ever been supervised by this person?  Yes  No

*In accordance with the Family Education Rights and Privacy Act of 1974, no one outside Belhaven University shall have access to nor will the Institution disclose any information from students' education records without the written consent of students except to personnel within the Institution, to accrediting agencies carrying out their accreditation function, to persons in compliance with a judicial order, and to persons in an emergency in order to protect the health or safety of students or other persons. In accordance with said Privacy Act, I waive my right to review this Recommendation Form as completed. I understand that execution of this waiver is not a condition for admission.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTE: This recommendation will become a part of your admission file.  
It will not be disclosed to any unauthorized individual without your consent.

## II. Recommendation: To be filled by reference (not a relative)

A. How long have you known the applicant? \_\_\_\_\_

B. Is the capacity personal or professional? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. In your opinion, is the applicant qualified for admission to this program?  Yes  No

Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. This program requires a variety of abilities. Please rank the following criteria for the applicant by the checking the applicable box.

	Unknown	Poor	Average	Superior
Initiative				
Speaking Ability				
Writing Ability				
Persistence				
Works Well with Others				
Emotional Maturity				

### Please type or print:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Position or Title \_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

### PLEASE RETURN COMPLETED FORM TO:

**Belhaven University  
Office of Online Admission  
1500 Peachtree St., Box 268  
Jackson, MS 39202**

The Graduate Admission Committee and the applicant appreciate the time and effort required of you to provide this information. **The applicant may not be considered for admission until this recommendation is received.**