

# Recommendation Form

Counselor/ Principal/ Headmaster



## To the Applicant

Please complete only the top portion of this form. Sign it and submit it to your reference. Please note that your file will be considered incomplete if this recommendation is not received by the following deadlines: November 1<sup>st</sup> for Early Action and January 15<sup>th</sup> for Regular Admission. Please be sure that your recommenders are aware of this deadline so that your file can be completed.

Name	Date of Birth						
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%; text-align: center;">Last</td> <td style="width: 30%; text-align: center;">First</td> <td style="width: 10%; text-align: center;">Month</td> <td style="width: 10%; text-align: center;">Day</td> <td style="width: 10%; text-align: center;">Year</td> </tr> </table>	Last	First	Month	Day	Year		
Last	First	Month	Day	Year			
Address							
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; text-align: center;">Number</td> <td style="width: 30%; text-align: center;">Street</td> <td style="width: 20%; text-align: center;">City</td> <td style="width: 15%; text-align: center;">State/ Province</td> <td style="width: 10%; text-align: center;">Postal Code</td> <td style="width: 10%; text-align: center;">Country</td> </tr> </table>	Number	Street	City	State/ Province	Postal Code	Country	
Number	Street	City	State/ Province	Postal Code	Country		

Under the Family Rights and Privacy Act of 1974 (FERPA), students enrolled at Soka University of America have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If you wish to waive your right to examine this letter of recommendation, please sign below.

Applicant Signature	Date
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## To the Recommender

The above named student is applying for undergraduate admission to Soka University of America. The information supplied on this form will be used for admission purposes only.

In an effort to complete this applicant’s file in a timely manner so that it can be reviewed, please submit this form early enough so that it is received by **November 1<sup>st</sup>** for Early Action and **January 15<sup>th</sup>** for Regular Admission. Late forms, emails or faxes will not be accepted.

We value your comments and insights regarding this applicant. Please complete both sides of this form as thoroughly as possible and return it to:

Soka University  
Office of Admission  
1 University Drive  
Aliso Viejo, CA 92656

Evaluator Name			
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%; text-align: center;">Last</td> <td style="width: 30%; text-align: center;">First</td> <td style="width: 40%; text-align: center;">Title/ Subject taught</td> </tr> </table>	Last	First	Title/ Subject taught
Last	First	Title/ Subject taught	
School Name			
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;">Email</td> <td style="width: 40%; text-align: center;">Telephone</td> </tr> </table>	Email	Telephone	
Email	Telephone		
Evaluator Signature			
Date			



**Background Information**

How long have you known this student and in what context? \_\_\_\_\_

What are the first words that come to mind to describe this student? \_\_\_\_\_

<p>Class Rank _____ Class Size _____ This Rank is <input type="checkbox"/> Weighted <input type="checkbox"/> Unweighted</p> <p>Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____</p> <p>This GPA is : <input type="checkbox"/> Weighted <input type="checkbox"/> Unweighted      The passing mark is: _____      Highest GPA in class _____</p> <p>Percentage of graduating class immediately attending: _____ four-year _____ two-year institutions</p> <p>Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> School policy prevents me from responding</p> <p>If yes, please provide an explanation of the disciplinary violation(s), including the approximate date(s).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>How many courses does your school offer: AP _____ IB _____ Honors _____</p> <p>If school policy limits the number a student may take in a given year, please list the maximum allowed: AP _____ IB _____ Honors _____</p> <p>In comparison with other college preparatory students at your school, the applicant's course selection is:</p> <p><input type="checkbox"/> Most demanding      <input type="checkbox"/> Very demanding  <input type="checkbox"/> Demanding      <input type="checkbox"/> Average  <input type="checkbox"/> Below average</p>
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**Ratings**

Please rate the applicant in comparison with other students in his or her class. This rating should accompany your letter of recommendation, not replace it.

	No basis	Below Average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I've encountered (top 1%)
Academic achievement								
Extracurricular accomplishments								
Personal qualities and character								
<b>OVERALL</b>								

**Evaluation**

Soka University will appreciate your evaluation (on a separate paper) of what you think is important about this student, including a description of academic, extracurricular and personal characteristics. We welcome information that will help us to differentiate this student from others. If the applicant's native language is not English, please evaluate English proficiency.

**I recommend this student:**  No basis  With reservation  Fairly strongly  Strongly  Enthusiastically

