



SOKA UNIVERSITY

Recommendation Form

INSTRUCTIONS FOR THE APPLICANT

Please complete only the top portion of this form. Sign it and submit it to your teacher or instructor. Please note that your file will be considered incomplete if this recommendation is not submitted by the following deadlines: received by October 15, 2011 for Early Action and January 15, 2012 for Regular Admission. Please be sure that your recommenders are aware of these deadlines so that your file can be completed.

Student's name: (PLEASE PRINT OR TYPE)

- MR.
- MS.

LAST (FAMILY)

FIRST

MIDDLE

DATE OF BIRTH _____

MONTH DAY YEAR

Waiver of Review

I recognize the confidential nature of this document and

- do do not

waive my right to have access to the completed form.

STUDENT SIGNATURE

DATE

INSTRUCTIONS FOR THE TEACHER/INSTRUCTOR

In an effort to complete this student's file in a timely manner so that it can be reviewed, please submit this form early enough so that it is received by October 15, 2011 for Early Action and January 15, 2012 for Regular Admission. Late forms, emails or faxes will not be accepted.

We value your comments and insights regarding this student. 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

Please write "Recommendation" on the outside of the envelope. Thank you very much for your help.

Please note that our deadlines for receiving all applications and supporting documents are:

Early Action: October 15, 2011

Regular Admission: January 15, 2012

How long have you known this student? _____

In what course did you teach this student? _____

Please comment on this student's intellectual ability and commitment to learning: _____

