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**Recommendation Form**

CHP Undergraduate Programs

***Instructions****:* *To ensure this recommendation will be matched to your application, please download this form,* ***complete the top section****, then save as a Word document (.doc or .docx). Email as an attachment to your recommender.*

**Applicant
Please complete this section:**

 **PROGRAM TO WHICH YOU ARE APPLYING:**

**APPLICATION DEADLINE DATE:**

**Applicant Information**

Name:

G#:

Email:

Phone:

**Recommender Information**

Name:

Title:

Agency / Company:

Email: Phone:

Per the provisions of the Family Education Rights and Privacy Act of 1974, I waive my rights to access the information provided in this recommendation. [ ]  Yes, I waive my right. [ ]  No, I do not waive my right.

Enter your name & date below to acknowledge your choice regarding access to the information.

**Applicant Signature:**  **Date:**

***Instructions****: In addition to responding to the items below, you may either attach a letter (not required)* ***or add comments*** *in this form to assist the admission committee’s understanding of the applicant’s strengths and limitations for success.*

**Recommender
Please complete this section:**

 **How long have you known the applicant?** Years  Months  **In what capacity have you known the applicant?**
Please rate the applicant in comparison to others of similar experience and position.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evaluation** | Exceptional | Very Good | Good | Poor | No Basis to Assess |
| Problem solving ability | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Critical thinking skill | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Responsibility | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Time Management | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Acceptance of constructive criticism | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Initiative | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Motivation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Oral communication | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Written communication | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Overall Recommendation**

Check the column that best indicates the strength of your overall recommendation of this applicant for admission to the stated undergraduate program.

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | [ ]  | [ ]  | [ ]  |
| RecommendEnthusiastically | Recommend | Recommend with Some Reservation | Do Not Recommend |

**Additional Information**

**Will you attach a letter?** Yes **[ ]**  No **[ ]**(a letter is not required)

*The comments section (or letter) can be used to explain the applicant’s strengths, limitations, significant actions, accomplishments and/or personal qualities. If applicable, include any known obstacles the applicant has faced in order to attain their educational goals (economic, social, cultural, educational or other).*

**Comments:**

By entering your name below, you certify that all the answers and information you have provided on this recommendation are complete and accurate to the best of your knowledge.

**Recommender Signature:**  **Date:**

**Submission Instructions for Recommender:**Download this form and save as a Word document (.doc or .docx). Email as attachment by February 1st deadline to:**chpreceptionist@gvsu.edu**

*If mailing a paper copy of this form is necessary, please postmark by February 1st* ***deadline****.***College of Health Professions - Student Services**
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