



Student Information

PLEASE PRINT

Applicant's Name (Last, First, Middle)

TO THE EVALUATOR:

Please complete this recommendation form, seal the envelope, sign across the flap, and mail the letter directly to the appropriate campus.

How long have you known the applicant?

What has been your relationship to the applicant? (Check all that apply) Undergraduate instructor Academic advisor Graduate instructor

Supervisor Co-worker Employer Other (please specify)

Please describe the applicant's performance, in relation to others you have known at a comparable stage by checking the appropriate space opposite each characteristic.

Table with 6 columns: Characteristic, POOR, AVERAGE, ABOVE AVERAGE, EXCELLENT, NO BASIS FOR JUDGMENT. Rows include Academic knowledge, Technical knowledge, Ability to develop ideas, Interpersonal skills, etc.

Other Information

We would appreciate any other information that might assist us in evaluating the applicant's qualifications. Please type your comments here or if you prefer use a separate signed sheet, please staple it to this page and include the applicant's full name.

Summary

In summary, please choose one of the following:

- I highly recommend the applicant
- I recommend the applicant
- I recommend the applicant with reservations
- I do not recommend the applicant

PLEASE TYPE OR PRINT

Name Title (if applicable)

Address

City State Zip

Phone Day or Message Phone

Email Address

Signature Date

Santa Cruz Campus
DTCM/DAC Bridge

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