

Miami: Admissions Office | Email: admissions@albizu.edu | Phone: (+1) 305-593-1223, ext. 3137, or 888-468-6228

Recommendation Form

APPLICANT INSTRUCTIONS: Recommendations are a required part of your application. Please fill out the top part of this form and give an original, signed copy to each person who will be providing a recommendation for you.

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A. Applicant Information (to be	completed by th	ne applicant)			
Surname/Family Name(s)	Given/First Name(s)		Social Security Number		
Program to which you are applying:					
Bachelor's Degree Programs:	Master's Degree	Programs:	Doctoral Pi	rograms:	
☐B.S. in General Psychology ☐B.A. in Elementary Education ☐B.A. in Exceptional Student Ed.	on Please select a major:		□Ph.D. in Human Services Other Degrees and Certificates:		
☐B.S. in Criminal Justice			☐ Certificate in Math Education☐ Certificate in Science Education☐ Certificate in Autism Spectrus Disorder☐ Certificate in ESOL☐ A.A. in General Education		
In accordance with the Family Educative recommendation once it has been surely you may also waive the right to access	bmitted to Albizu l	University and has b	ecome part of	f your official application.	
□I waive my right to access the recommendation.		□I do not waive my right to access the recommendation.			
Applicant Signature			Date (mm/dd/yyyy)		
RECOMMENDER INSTRUCTIONS: Recomn would value your evaluation of the above form to the address at the bottom of the s	e-named individual, v	who has given you as	a reference. F	Please send the completed	
B. Recommendation (to be com	pleted by the re	commender)			

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In what capacity do you know	the applicant (check all tha	t apply)?
□Undergraduate Student □Employee	□Graduate Student □Other (please specify):	☐ Assistantship (academic or laboratory)
How long have you known the a	pplicant?	

	Deficient	Acceptable	Average	Good	Superior	Exceptional	Insufficient Data
Oral expression							
Written expression							
Ability to work with others							
Academic performance							
Capacity for critical analysis							
Clinical performance (if applicable)							
Commitment to professional endeavors							
Originality							
Potential for research work							
Sense of responsibility							
Using students you have known who							
Using students you have known who Upper 2% □	o are at a co Upper 5%			nat rang oper 109			e applicant? per 25%
Upper 2%	Upper 5%	6		pper 109	%		per 25% □
Upper 2% □ I recommend the applicant:	Upper 5%	% □ Witho	Uţ	oper 109	%	Up	per 25% □
Upper 2% I recommend the applicant: Name (Print)	Upper 5%	% □ Witho	Սր out reserva	oper 109	%	Up	per 25% □
Upper 2% I recommend the applicant: Name (Print) Institution	Upper 5%	% □ Witho	Սր out reserva	oper 109	%	Up	per 25% □
Upper 2%	Upper 5%	% □ Witho	Սր out reserva	oper 109	%	Up	per 25% □

PLEASE FORWARD TO THE FOLLOWING ADDRESS:

Albizu University Admissions Office 2173 NW 99th Avenue Miami, Florida 33172

NOTE: In compliance with the Family Education Rights and Privacy Act of 1974, this document will become part of an Albizu University application file that is available to the applicant if he/she requests it.