

International University of Leadership

Where leaders are born!

RECOMMENDATION FORM

Office of Admissions

Website: us.iulf.education Email: admission@iulf.us

Please provide this form to your referee and have him or her fill it out and return it directly to the nearest admissions office.

SECTION 1 (TO BE COMPLETED BY THE APPLICANT):

Applicant Information (please print or type)

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

By giving this form to a referee, I am aware that under the Congressional Family Educational Rights and Privacy Act of 1974 [Sec. 438(a)(20)(B)c(c)], I am not required to, but that I voluntarily waive my right to access to confidential letters and statements of recommendation submitted to International University of Leadership in support of my application to the university. I further understand that under the provisions of the Family Education Rights and Privacy Act, an unsuccessful applicant, regardless of whether such applicant has signed a waiver, has no right to inspect any of the admission application materials accumulated in his/her file. The giving of a waiver shall not be regarded as a condition for admission to the university.

I hereby: do do not waive my rights of access to any and all letters or statements of recommendation which may be submitted by _____ (Applicant must specify the name of person submitting recommendation) in connection with my application to International University of Leadership.

Signature of Applicant: _____ **Date:** _____

SECTION 2 (TO BE COMPLETED BY THE REFEREE):

On behalf of the Office of Admissions, thank you for taking time to participate in the student recommendation process.

1. How long have you known the Applicant named above? _____

2. What is your relationship with the Applicant?

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3. How do you rate the Applicant on the following criteria?

(Please check the appropriate boxes)

	Very Good	Good	Average	Unsatisfactory	Unobserved
Competence in his/her field					
Integrity					
Motivation					
Commitment to the task at hand					
Innovative ability					
Ability to work in a team					
Verbal skills in English					
Written communication skills in English					

Additional Comments:

Name of the person who completed this form: _____

Position/Title: _____

Organization: _____

Address:

Telephone number: _____ **E-mail:** _____

Signature: _____ **Date:** _____