

Letter of Recommendation Form for Degree Programs at Maitripa College

Legal Name of Applicant (last name, first name, middle initial):

Degree Program Applicant is Applying for:

How long have you know the Applicant? In what capacity?

On a separate piece of paper, please comment on the Applicant’s strengths and weaknesses.

Please evaluate the Applicant in the following areas:	No basis for judgment	Below average	Average	Good	Excellent
Ability to interact with others					
Ability to resolve conflict					
Ability to handle a heavy workload					
Leadership potential					
Initiative/Motivation					
Independence of thought					
Openness to diverse people or cultures					
Maturity					
Self-awareness					
Sense of responsibility					
Work ethic					
Writing skills					

Additional comments:

I recommend the applicant with enthusiasm. _____

I recommend the applicant. _____

I recommend the applicant with some reservation. _____

I do not recommend this applicant. _____

Signature

Date

Name (please print):

Position/Occupation:

Please return this form in a sealed envelope to Maitripa College at:

ADMISSIONS
 MAITRIPA COLLEGE
 1119 SE MARKET ST.
 PORTLAND, OR 97214

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