



LETTER OF RECOMMENDATION

Note to applicant: This recommendation letter is to be completed by a Professor, Pastor/Minister, or a Mentor. Please submit the completed letter of recommendation in person or sent directly to the **Office of Admissions, Rochester University,**

4040 Barranca Pkwy # 270, Irvine, CA 92604

Name of
Applicant: _____

Address: _____

City State Zip

Please circle one.

- | | | | | |
|-------------------------------------------------|-----------|------------------|-----------|----------|
| 1. How many years have you known the applicant? | 0-1 year | 1-3 years | 3-5 years | 5+ years |
| 2. Relationship with the applicant: | Professor | Pastor/Clergyman | Mentor | |

Please mark the appropriate description in each item.

	Excellent	Good	Fair	Poor
Responsibility and Reliability	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Spiritual Condition	_____	_____	_____	_____
Church Service	_____	_____	_____	_____
Cooperation and Teamwork	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Financial Responsibility	_____	_____	_____	_____

Please add any other comments you have on the applicant.

Name: _____ E-mail: _____

Date: ____/____/____

Name of Institution: _____ Position: _____

Address: _____ Telephone: _____

City State Zip

Signature: _____