



Kingston University

12100 Imperial Hwy #101, Norwalk CA 90650
Tel: (562) 868-6488 Fax: (562) 868-6378

Recommendation Form

APPLICANT SECTION (filled out by the Applicant)

Applicant Information

Mr. Mrs. Ms

Current Address:

Program applied for admission:

Quarter/year: _____

RECOMMENDER SECTION (filled out by the Recommender; please contact the Admission office for questions)

Recommender's Information

Mr. Mrs. Ms

Position/Title

at _____

Organization Name

Contact Address:

I have known the applicant for: Less than 1 year. 1-2 years 2-3 years 3-5 years More than 5 years

Nature of your relationship with the applicant: _____

Applicant Rating:

Please rate the applicant on the following scale for each item:

	Below Average (50% or less)	Satisfactory (51% - 74%)	Good (75% - 89%)	Excellent (90%-98%)	Exceptional (99% or more)	Not Applicable
Integrity						
Academic Ability						
Judgment, Maturity						
Initiative, Motivation						
Thoroughness, Perseverance						
Oral Communication						
Written Communication						
Overall Evaluation						

Additional Comments

Recommender's signature: _____

Date: _____