SUMMIT & UNIVERSITY® ONLINE

Letter of Recommendation

Thank you for offering to submit a Letter of Recommendation for this applicant to Summit University[®] Online. The applicant should have given you his/her full name and the email they will use for their online course work. If you have not received this, please request this from the applicant before filling out this form. Please complete the form as soon as possible and email or mail it to the address below so that it is received when the application is submitted. We will not process the application until we receive your letter. Please print legibly and fill in each blank. The information provided on this form is confidential; please do not share your responses with the applicant.

Applicant Information

Name of person you are recommending to Summit University® Online

Email address of person you are recommending

Your Information

Name & Title

Email address

Phone number

Institution/Organization / Company in which you have known the applicant

Mailing Address

City

State/Country

Zip/Postal Code

How long have you known the applicant?

In what capacity have you known the applicant?

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How would you rate	the applicant	's performar	nce in this capaci	ity?		
□ Poor	□ Fair □ Average			□ Excellent □ Outstanding		
Please rate the appli 0 = Unable to Judge				-	owing scale: nt 5 = Outstanding	
Academic ability			Problem-solving ability			
Dependability,	у	Spoken English language skills				
Motivation			Writter	Written English language skills		
Maturity			Ability	Ability to work independently		
Emotional bala		Time-m	Time-management skills			
Please provide your strengths and weakr		or recommen	ndations regard	ing the appl	icant, including specific	
I certify that the abo	ove informatic	on is accurate	e to the best of m	ny knowledg	e.	
Signature				Date (mm/dd/yyyy)		
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