

Baptist Health College Little Rock

11900 Colonel Glenn Rd, Suite 1000

Little Rock, AR 72210

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Fax 501-202-7712

RECOMMENDATION FORM

APPLICANT: Complete the information in the box below and forward to an individual, not a relative, in a position to comment on your qualifications for entering BHCLR. **EVALUATOR:** Please return the form directly to the above address, fax, or email to transcripts@bhclr.edu. Recommendations brought in by the applicant will not be accepted.

Name: _____
Last First Middle Maiden

Name of program for which you are applying: _____

I hereby waive my right to have access to this recommendation form and understand that the contents are confidential.

Applicant Signature: _____ Date: _____

EVALUATOR: The above individual has made application to a BHCLR Program of Study. The information you provide will be used by the Selection Committee. Complete both sides of the form.

1. How long have known the applicant? _____ In what capacity? _____

2. What characteristics do you consider to be applicant's strengths? _____

3. What characteristics do you consider to be applicant's weaknesses? _____

4. Do you have full confidence in applicant's integrity? Yes _____ No _____

Explain briefly: _____

5. Rate the applicant in terms of the qualities listed by checking the appropriate spaces below:

Characteristics	Superior	Good	Fair	Poor	No Basis for Judgment	Comments
Intellectual ability						
Dependability						
Emotional stability						
Attitude						
Motivation						
Ability to get along with others						
Ethical behavior						
Self confidence						
Maturity						
Initiative						

6. Indicate below your overall recommendation of this applicant:

- _____ Highly recommend
- _____ Recommend
- _____ Recommend, but with reservation
- _____ Do not recommend

7. Use the space below to make additional comments.

Evaluator signature: _____ Date: _____

Evaluator name (Type or Print): _____ Position/Title: _____

Place of employment: _____

Employment address: _____

Telephone: Business: _____ Email: _____