

## To the Applicant

Please complete only the top portion of this form. Sign it and submit it to your reference. Please note that your file will be considered incomplete if this recommendation is not received by the following deadlines: November 1st for Early Action and January 15th for Regular Admission. Please be sure that your recommenders are aware of this deadline so that your file can be completed.

Name	ame Date of Birth						
Last	First			Month	Day	Year	
Address							
Address							
Number	Street	City	State / Province	Postal Code	Country		

Under the Family Rights and Privacy Act of 1974 (FERPA), students enrolled at Soka University of America have access to their admission records, including letters of recommendation. However, students may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If you wish to waive your right to examine this letter of recommendation, please sign below.

Applicant Signature	Date	

# To the Recommender

The above named student is applying for undergraduate admission to Soka University of America. The information supplied on this form will be used for admission purposes only.

In an effort to complete this applicant's file in a timely manner so that it can be reviewed, please submit this form early enough so that it is received by **November 1st** for Early Action and **January 15th** for Regular Admission. Late forms, emails or faxes will not be accepted.

We value your comments and insights regarding this applicant. Please complete both sections of this form as thoroughly as possible and return it to:

Soka University Office of Admission 1 University Drive Aliso Viejo, CA 92656

Evaluator Name				
	Last	First	Title / Subject taught	
School				
			Email	Telephone

## **Background Information**

How long have you known this student and in what context?					
What are the first words that come to mind to describe this student?					
Class Rank Class Size This Rank Is: Unweighted	How many courses does does your school offer:      AP IB Honors				
Cumulative GPA:on ascale, covering a period fromtoto	If school policy limits the number a student may take in a given year, please list the maximum allowed:				
The GPA is:       Weighted       The passing mark is:       Highest GPA in class:         Unweighted	AP IB Honors In comparison with other college preparatory students at your school, the applicant's course selection is:				
Percentage of graduating class immediately attending: four-yeartwo-year institutions	<ul> <li>Most demanding</li> <li>Very demanding</li> <li>Demanding</li> <li>Average</li> <li>Below average</li> </ul>				
Has the applicant ever been found responsible for a disciplinary violation at your scho whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?					
If yes, please provide an explanation of the disciplinary violation(s), including the appr	roximate date(s).				

### Ratings

Please rate the applicant in comparison with other students in his or her class. This rating should accompany your letter of recommendation, not replace it.

	No Basis	Below Average	Average	Good (Above Average)	Very Good (Well Above Average)	Excellent (Top 10%)	Outstanding (Top 5%)	few I've encountered (Top 1%)
Academic achievement								
Extracurricular accomplishments								
Personal qualities and character								
OVERALL								

### **Evaluation**

Soka University appreciates your evaluation (on a separate paper) of what you think is important about this student, including a description of academic, extracurricular and personal characteristics. We welcome information that will help us to differentiate this student from others. If the applicant's native language is not English, please evaluate English proficiency.

I recommend this student: No Basis With Reservation Fairly Strongly Strongly Enthusiastically