

Recommendation Form

Teacher/ Instructor



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

Date of Birth

Last First Month Day Year

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 sides 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 Name

Email Telephone

Evaluator Signature

Date



Background Information

How long have you know this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

In which grade level(s) was this student enrolled when you taught him/her? 9 10 11 12 Other _____

List the courses in which you have taught this student, including the level of course difficulty (AP, IB, accelerated, honors, elective, 100-level, 200-level, etc.)

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%)	One of the top few I've encountered (top 1%)
Academic achievement								
Intellectual promise								
Quality of writing								
Creative thought								
Productive discussion								
Faculty Respect								
Disciplined habits								
Maturity								
Motivation								
Leadership								
Integrity								
Reaction to setbacks								
Concern for others								
Self-confidence								
Initiative								
OVERALL								

Evaluation

Soka University will appreciate your evaluation (on a separate paper) of what you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. 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

