



GOLDEN STATE UNIVERSITY

School of Asian Medicine

LETTER OF RECOMMENDATION

Applicant: Please fill out the information below and submit this form to your reference.

Note of Confidentiality: In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students have access to their permanent files unless he/she has waived such access. The admissions process at private undergraduate institutions is exempt from the federal regulation implementing title IX of the Education Amendments of 1972.

Name of Applicant: _____
Last First Middle

Address: _____
Street City State/Country Zip Code

Applicant Evaluator:

Golden State University appreciates candid evaluations and finds them helpful in the admissions process. Please complete and return this form or photocopy of the form in the envelope provided by the applicant. A reference from other than this one is acceptable by the University.

Name:

Name of Institution/School:

Title:

Address:

How long have you known the applicant?: _____

Please place an "X" in the appropriate box that best describes the applicant.

No Basis	Qualities	Below Average	Average	Above Average	Outstanding
	Academic Achievement				
	Creativity, Original Thought				
	Motivation				
	Discipline				
	Level of Class Discussion/Participation				
	Independence, Initiative				
	Self-Confidence				
	Maturity				
	Concern for Others				
	Leadership				
	Personal Character				
	Overall Evaluation				



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Please use this page to write a letter of recommendation for the person named in the previous page responding to the specific points of interest listed in the table.