

SCHOLARSHIP & ADMISSIONS RECOMMENDATION FORM

APPLICANT TO COMPLETE THIS SECTION

NAME: _____ DATE: _____

WAIVER OF RIGHTS TO ACCESS:

To ensure confidentiality of the Recommendation Form, we suggest you sign this waiver.

 I **do** **do not** waive the right to access this letter of recommendation that I have under the Family Educational Rights and Privacy Act of 1974.

SIGNATURE OF APPLICANT: _____ DATE: _____

RECOMENDER TO COMPLETE BELOW

RECOMMENDER'S NAME (PLEASE PRINT): _____

POSITION/TITLE: _____ WORK PLACE: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

You have been selected by the above applicant to complete and submit the Scholarship & Admissions Recommendation Form. Please complete the questions below, and include a letter of recommendation with this form. All documents should be returned directly to Neumont University at: 10701 S. River Front Parkway, Suite 300, South Jordan, UT 84095 or fax to: 801-302-2880.

WHAT IS YOUR IMPRESSION OF THE APPLICANT IN THE FOLLOWING AREAS?

	POOR	FAIR	AVERAGE	VERY GOOD	OUTSTANDING	NOTES
PERSISTENCE						
COMMITMENT						
WORK ETHIC						
INTERPERSONAL SKILLS						
TECHNOLOGY APTITUDE						
ACADEMIC POTENTIAL						

HOW WELL DO YOU KNOW THE STUDENT? (Check one): THOROUGHLY WELL SUPERFICIALLY

WHAT IS THE CONTEXT OF YOUR RELATIONSHIP WITH THE APPLICANT?

COMMENTS: