



General Recommendation Form

To the best of your ability, please rate the applicant in the following areas:

Attribute	Excellent	Above Average	Average	Below Average	Unable to Rate
a. Creativity					
b. Initiative					
c. Reaction to criticism					
d. Sensitivity to others					
e. Leadership					
f. Motivation					
g. Maturity					
h. Ability to work with others					
i. Professional competence/effectiveness					
j. Academic ability or potential					
k. Teaching skills					
l. Research skills					
m. Verbal communication skills					
n. Written communication skills					

Please explain how the applicant's strengths and weaknesses may affect her/his potential to succeed in academic settings.

The Admissions Committee would appreciate any additional statement(s) you may wish to make concerning the applicant's capacity for academic work and her/his potential for a responsible and successful career.

Please check one of the following to indicate the strength of your overall evaluation:

- Strongly recommend
 Recommend
 Recommend with reservations

Recommender name and contact information

Name _____

Title _____

Phone (day) _____

Email _____

Signature _____

Date _____

Please:
sign the completed recommendation form,
make a copy for your files, and
forward the original in a sealed envelope to:



Cambridge College
Admissions Operations
500 Rutherford Avenue
Boston, MA 02129

or fax to: 617-242-0039