



CULINARY ARTS ADMISSIONS APPLICATION

Recommendation Form

For Application to Culinary Arts at Indiana University of Pennsylvania

To be completed by the prospective student:

NAME _____

TELEPHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF RECOMMENDER _____

HOW DO YOU KNOW THE RECOMMENDER? _____

Prospective Students: Complete the information above prior to submitting the form to your recommender. Please include a stamped envelope addressed to Indiana University of Pennsylvania, Culinary Admissions, 1012 Winslow Street, Punxsutawney, PA 15767. Your recommender should mail the form directly to our office.

Recommenders: Please rate the applicant's current performance using the scale below. On the back of the form, indicate how long you have known the applicant and in what capacity. You may also clarify your ratings regarding the candidate's personal and professional traits and comment on abilities of the applicant in other areas that you believe are relevant to the applicant's potential success in the field of culinary arts. Please feel free to attach additional pages.

- 5 - Excellent: Receives your highest professional endorsement.
- 4 - Above Average
- 3 - Average
- 2 - Minimally acceptable: Needs continued and direct supervision
- 1 - Not acceptable
- NA - No information, not appraised

Evaluation of prospective student, to be completed by the Recommender:

- | | |
|---|--|
| <input type="checkbox"/> Ability to accept constructive criticism | <input type="checkbox"/> Initiative |
| <input type="checkbox"/> Ability to work with people | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Ability to follow directions | <input type="checkbox"/> Oral Communication |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Punctuality |
| <input type="checkbox"/> Enthusiasm | <input type="checkbox"/> Resourcefulness |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Written Communication |

(Continue on back page)



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Recommender's comments:

To be completed by the Recommender:

RECOMMENDER'S NAME _____

POSITION _____

TELEPHONE _____ EMAIL _____

ADDRESS _____

SIGNATURE _____ DATE _____

YOUR RELATIONSHIP TO APPLICANT _____

Please return this form in the envelope provided to: Indiana University of Pennsylvania, Culinary Arts Admissions,
1012 Winslow Street, Punxsutawney, PA 15767 or Fax to: (814) 938-1158