

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 prienvelope addressed to Indiana University of Pennsylvania, C Your recommender should mail the form directly to our office.	Culinary Admissions, 125 S Gilpin S			
Recommenders: Please rate the applicant's current perform you have known the applicant and in what capacity. You may professional traits and comment on abilities of the applicant success in the field of culinary arts. Please feel free to attach	y also clarify your ratings regarding in other areas that you believe are re	the candidate's personal and		
 5 - Excellent: Receives your highest professional endorseme 4 - Above Average 3 - Average 2 - Minimally acceptable: Needs continued and direct super 1 - Not acceptable NA - No information, not appraised 				
Evaluation of prospective student, to be completed	by the Recommender:			
Ability to accept constructive criticism	Initiative			
Ability to work with people	Leadership			
Ability to follow directions	Oral Communicat	ion		
Attendance	Organizational Sk	ills		
Creativity	Punctuality			
Enthusiasm	Resourcefulness			
Flexibility	Written Communi	cation		

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Recommender's comments:

To be completed by the Recommender:	
RECOMMENDER'S NAME	
POSITION	
TELEPHONE	
ADDRESS	
SIGNATURE	 _DATE
YOUR RELATIONSHIP TO APPLICANT	