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, 125 S Gilpin 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:

__Ability to accept constructive criticism  __Initiative

__Ability to work with people  __Leadership

__Ability to follow directions  __Oral Communication

__Attendance  __Organizational Skills

__Creativity  __Punctuality

__Enthusiasm  __Resourcefulness

__Flexibility  __Written Communication

(Continue on back page)
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, 125 South Gilpin Street, Punxsutawney, PA 15767 or Fax to: (814) 938-1155