



Southwestern Christian University  
Graduate Studies Recommendation Form

## APPLICANT INSTRUCTIONS

Each recommender must complete a recommendation form and send an electronic or hard copy to the Graduate Studies Department at Southwestern Christian University.

If your recommender plans to complete a hard copy of the recommendation form, please provide them with a pre-addressed, stamped envelope that can be sent directly to:

SCU Graduate Studies  
7210 NW 39th Expressway  
Bethany, OK 73008

Electronic copies of the recommendation form can be sent to [gs.office@swcu.edu](mailto:gs.office@swcu.edu)

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Email: \_\_\_\_\_

## INSTRUCTIONS TO EVALUATOR

### Section I

Please answer the following three questions about the applicant. You may include a supplemental letter with this recommendation form if desired.

1. How long and in what context have you known the applicant?

2. What are the greatest strengths of the applicant that will help him/her be successful in their pursuit of a graduate degree?



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**3. What are the areas in which the applicant needs the most improvement as they continue in their career?**

**Section II**

**Please give the applicants a rating on the following characteristics. Please check one of the boxes for each characteristic.**

|                              | Excellent             | Good                  | Average               | Below Average         | Unable to Rate        |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Self-motivation              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Integrity                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Written Communication Skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oral Communication Skills    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpersonal Skills         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maturity                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall Evaluation           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**EVALUATOR INFORMATION**

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Email: \_\_\_\_\_