

Letter of Recommendation

Graduate Programs - two (2) Letters of Recommendation required. **Undergraduate Programs** – no Letters of Recommendation required unless requested. All completed letters of recommendation must be sent to Southern Wesleyan University.

Letters of recommendation should be completed by individuals who are qualified to comment on the applicant's moral character, professional expertise, and capacity for graduate level work.

I. Information *(To be completed by applicant)*

A. _____
Last First Middle

Address

City State Zip

B. _____
Company/Organization

Address

City State Zip
(_____) (_____) _____
Telephone Fax

C. _____
Your position at the above company

Length of time in this position Length of time with company

D. _____
Name of individual giving recommendation

Position or title of individual

Relation to applicant

- E. I waive my right to review the comments made by the person giving the recommendation.
 I do not waive my right to review the comments.

I attest that all the information provided is true and complete to the best of my knowledge. I understand that false information will jeopardize my admission to and continuation in Southern Wesleyan University programs.

Signature of Applicant

Date

II. Recommendation *(To be completed by reference – not relative)*

- A. Does your knowledge of the applicant's employment agree with the answers given in Part I? Yes No
B. How well do you know the applicant? Somewhat Well Very Well
C. In your opinion, is the applicant qualified for admission into this program? Yes No

Please explain _____

- D. This program requires initiative and the ability to work alone and in a group. Please rank the applicant according to the following criteria by checking the applicable box.

	Unknown	Low	Medium	High
Initiative in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work within a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain _____

- E. _____
Name of individual providing reference

Address

City State Zip
(_____) (_____) _____
Telephone Fax

Signature of Reference Date

- F. Return to:
Office of Admissions – AGS Programs
Southern Wesleyan University
P.O. Box 1020, SWU Box 1928
Central, SC 29630