

SEAVER COLLEGE CAREER CENTER

CAREER COACHING PROGRAM

DEADLINE FOR APPLICATIONS & RECOMMENDATIONS: Friday, March 6, 2015

Return Application to the Seaver College Career Center • Mail Code 4184 • Fax (310) 506-4428

Recommendation Form

The goal of the Career Coaching Program is to prepare students for the social and functional realities of the work place. The program focuses on the development of professional savvy, business etiquette, business communication, resume preparation, interviewing and other professional skills.

Applicant: Please complete this section, then deliver or mail this form and a self-addressed stamped envelope to the faculty or staff member recommending you. Ask him or her to return the letter to you in the attached envelope with his or her signature across the seal. Do not open the envelope or break the seal. Submit the sealed envelope with your application.

Name: _____ Student ID #: _____

Telephone: _____

I understand that this recommendation will be used only for the admission and scholarship decisions, and I hereby waive my right of access to this recommendation.

Signed: _____ Date: _____

Respondent: The Career Coaching Program would appreciate your judicious evaluation of the applicant. We are using a self-managed application process. Therefore to preserve the confidentiality of this recommendation, please affix your signature across the sealed flap of the envelope and return it to the applicant who will submit it with his/her application. *Note: Unless the student has signed the above waiver, they have the right to review your reference.*

Name of respondent: _____ Phone: _____

Title: _____ How long have you known the applicant? _____

In what capacity? _____

1. Please rate the applicant on the qualities listed below:

	Truly Exceptional (Top 5%)	Outstanding (Top 15%)	Above Average (Top 25%)	Average (Mid 50%)	Below Average (Lowest 25%)
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity & Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Circle one: I **highly recommend** **recommend** **recommend with reservations** **do not recommend** this applicant for the Career Coaching Program.

Signed: _____ Date: _____

If you wish to provide the selection committee with additional insight on this student, please do so on the back of this sheet or attach a separate page.