

CALIFORNIA INSTITUTE FOR HUMAN SCIENCE  
 Graduate School and Research Center  
 701 Garden View Court,  
 Encinitas, CA 92024

Please photocopy this form; we require 2 recommendations

CONFIDENTIAL RECOMMENDATION  
 SECTION I (to be completed by applicant)  
 Please print

PERSONAL/PROFESSIONAL/ACADEMIC

\_\_\_\_\_

Last Name	First Name	Middle
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\_\_\_\_\_ I waive my right to examine this completed letter of reference.

\_\_\_\_\_ I DO NOT waive my right to examine this completed letter of reference.

Applicant's Signature \_\_\_\_\_

NOTE TO RESPONDENT: Pursuant to the Family Educational Rights and Privacy Act of 1974, this letter of reference may be shown to the applicant if the right to examine it has not been waived.

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SECTION II (to be completed by the reference respondent)

Please evaluate the above named applicant for admission to our Institute.

1. For how long \_\_\_\_\_ and in what capacity have you known the applicant?  
 \_\_\_\_\_

2. Rate the applicant on as many of the following as possible:

	EXCELLENT	GOOD	FAIR	POOR	NOT APPLICABLE
a. Scholarship	_____	_____	_____	_____	
b. Intellectual capacity	_____	_____	_____	_____	
c. Initiative	_____	_____	_____	_____	
d. Communication skills	_____	_____	_____	_____	
e. Perseverance	_____	_____	_____	_____	
f. Experimental/research skills	_____	_____	_____	_____	
g. Creativity	_____	_____	_____	_____	
h. Integrate theory & practice	_____	_____	_____	_____	
i. Conceptualization ability	_____	_____	_____	_____	
j. Integrity/Ethics	_____	_____	_____	_____	

COMMENTS: Please write on the back of this form.

Please Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

School/Corporation: \_\_\_\_\_

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

Phone: \_\_\_\_\_

PLEASE MAIL DIRECTLY TO THE ADMISSION OFFICE AT THE ABOVE ADDRESS.

THANK YOU.

Form IF-4 Rev.: 04/26/2000