

Please return this form to: Florida Southern College

Attn: Office of Adult and Graduate Admission

111 Lake Hollingsworth Drive

Lakeland, FL 33801

Applicant's	Printed Name:							
	First		Middle	Last				
edu	nive my right of access to confid- lication records in the possession derstand I am not obligated to si I recommendations placed in my	n of, or used by the Officeign, can only be revoked in	of Adult and Graduate Admi writing and only with respect	ssion. This waiver, which I				
I DO	I DO NOT waive my right to your recommendation							
(Applicant: please choose and initial the appropriate line ABOVE for the statement of your choice)								
Printed Na	me of Reference:							
Applicant's	Signed Name:		Date:					
Full Date of Birth or FSC ID # (required): Dear, I would appreciate your recommendation to further my education at Florida Southern College. You may use this form or submit a personal letter. This recommendation will become a permanent part of my application file. Further, I understand the Family Educational Rights and Privacy Act of 1974, and in accordance with the law.								
	—Applicant	is to complete the po	rtion above this line—					
l.	I. Please indicate the frequency of your current or previous interaction with the applicant:							
	Infrequent	Monthly	Weekly	Daily				
II.	Place an obvious mark in this applicant demonstra	•	•	ne degree to which				

	Excels	Above Average	Average	Below Average	Poor	Unknown
Evidence of personal and professional goals						
Demonstrates willingness to learn and grow						
Ability to learn, understand, assimilate knowledge						
Ability to express self in writing						
Ability to express self orally						
Ability to organize responsibilities and tasks						
Reliability and promptness with assignments						
Punctuality and regularity in attendance						
Willingness to pursue tasks to completion						

	Excels	Above Average	Average	Below Average	Poor	Unknown
Ability to work independently						
Ability to work with people						
Degree of flexibility and ability to adapt						
Ability to accept evaluation of performance						
Handles stressful situations appropriately						
III. Please circle the words from the list that BEST describe the applicant. If you feel there are						

III.	Please circle the words from the list that BEST describe the applicant. If you feel there are other words that should be included, please provide them in the blank space below:				
	Outgoing	Inquisitive	Concerned	Shy	
	Complacent	Mature	Well Groomed	Tolerant	
	Cooperative	Quiet	Serious	Loyal	
	Cheerful	Dedicated	Follower	Competent	
	Thorough	Trustworthy	Dependable	Enthusiastic	
	Self-Centered	Reserved	Sensitive	Inventive	
	Leader	Energetic	Friendly	Motivated	
	Confident	Creative	Aggressive	Congenial	
	Assertive	Probing	Initiator	Relaxed	
	Determined				
IV.	Please include a statement this student for admission		nat you feel should be c	onsidered when we consider	
Reference's	Printed Name:				
Reference's	Signature:				
	Company:				
Email addre	ss (please print legibly):				
Phone numb	per:				

During the final weeks of submission, to reach a deadline, you may FAX this form if needed; use fax number 863.680.3872. **PLEASE FOLLOW-UP BY MAILING THE ORIGINAL FORM**. If you have any questions, please contact the Office of Adult and Graduate Admission by phone at 863.680.4205 or byemail at evening@flsouthern.edu Thank you!