WITTENBERG UNIVERSITY UPWARD BOUND
RECOMMENDATION FORM

Name of Applicant: _____
(First) (Middle Initial) (Last)

Position(s) Applied For: _____

To the applicant: This form should be completed by someone able to speak directly to your qualifications for the position(s) listed above. Please share with your references the appropriate Job Description(s).

To the person completing the recommendation: Your frank and impartial response to this form will greatly help in meeting the aims of the Upward Bound Program. We are interested in obtaining information that will aid us in arriving at a decision regarding the applicant. Each applicant is asked to provide two evaluations of his/her qualifications; the application will be considered incomplete until your recommendation is submitted. The applicant has been asked to share with you a brief description of the program and the position(s) for which he/she is applying. Would you please indicate how long and in what capacities you have known the applicant, and then assess both the applicant's strengths and weaknesses in light of specific items in the program and job descriptions. We appreciate your help.

(Please use the back of this form if necessary)

Signature of person making recommendation: _____

Date: _____ Position: _____

Please forward this form to: Wittenberg University, Upward Bound Program, P.O. Box 720, Springfield, Ohio 45501 Office: (937) 327-7535

Deadline for submission of recommendation: <u>April 11, 2009</u>