

Paralegal Program

RECOMMENDATION FORM

Name of Applicant _____

To the applicant submitting this form: (You must sign one)

CONFIDENTIAL

The contents of this statement are to remain CONFIDENTIAL. I waive my right to review this recommendation.

(Signed) _____ Date _____

NOT CONFIDENTIAL

The contents of this statement are NOT CONFIDENTIAL. I reserve the right to review this recommendation.

(Signed) _____ Date _____

TO THE INDIVIDUAL COMPLETING THIS FORM:

We appreciate your answering the questions below in a specific, detailed and candid manner, noting in particular, incidents which illustrate the candidate's maturity, intellectual capacity and initiative.

1. Under what circumstances and for how long have you known the applicant? _____

2. What do you consider the applicant's most outstanding talents or characteristics? _____

3. What are the applicant's chief liabilities or weaknesses? _____

4. Please rate the applicant on the following:

	Excellent	Very Good	Good	Fair	Poor	Not Applicable/No Knowledge
Initiative						
Ability to work with others						
Responsibility						
Attention to detail						
Writing Ability						
Ability to work independently						

5. I _____ strongly recommend

I _____ recommend

I _____ recommend with some reservations

I _____ do not recommend



that this applicant be admitted to the University of San Diego Paralegal Program

6. Comments: _____

 Signature Date

Name (Printed) _____

Company/College/Law Firm _____

Title _____

Address _____

Phone number _____

Please mail directly to: Paralegal Program
 University of San Diego
 5998 Alcalá Park, Barcelona 204
 San Diego CA 92110-2492
 (619) 260-4579
 (619) 260-2252 (fax)