



Applicant: _____ **Grade Applying for:** _____

Address: _____

ACADEMIC REFERENCE

Mail forms to: "CSOD Admissions" 40700 Yucca Lane, Bermuda Dunes CA, 92203 or faxed to (760) 345-8173

THIS PORTION TO BE COMPLETED BY THE PERSON PROVIDING THE RECOMMENDATION.

The above named applicant is applying for admission to Christian Schools of the Desert. The Director of Admissions finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent, and remember that your prompt appraisal of the candidate will help ensure full consideration. Thank you.

1. Please rate the applicant in each of the following areas:

	Superior	Above Average	Average	Below Average	Not Applicable
Critical Thinking					
Motivation/Initiative					
Oral Expression					
Reading Comprehension					
Writing Ability					
Class Participation					
Behavior/Citizenship					
Overall Evaluation					

2. Where does the student rank in your class? Top 10% Top 25% Top Half Bottom Half

3. Please include additional comments to expand or qualify your appraisal of the applicant. _____

4. Please indicate any area(s) in which the applicant might need special attention from CSOD staff/faculty. _____

5. How long have you known the applicant and in what capacity?

6. I recommend do not recommend recommend with reservation this individual for enrollment at CSOD.

Name _____ Position/occupation _____

Phone (____) _____ - _____ Email _____ Signature _____

Address _____

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