



Office of Admissions
Alumni Recommendation Form



P.O. Box 6903, Radford, VA 24142 • (540) 831-5371 • Fax: (540) 831-5038 • E-mail: admissions@radford.edu • Web: www.radford.edu

Section I – To be completed by the Applicant.

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Section II – To be completed by the Evaluator.

Name of Evaluator: _____ RU Class of ____ Degree Earned _____

Title (optional): _____ Employer (optional): _____

Signature of Evaluator: _____ Date: _____

How long have you known the applicant? _____

Describe your association with the applicant. _____

How well do you know the applicant? ____ Very Well ____ Fairly Well ____ Slightly

Section III – To be completed by the Evaluator.

Please rate (by checking) the applicant in each area listed below in comparison to other potential students you have known. If your relationship to the applicant does not allow you to assess any one of these qualities, please do not check any of the boxes next to that specific quality.

Table with 5 columns: Exceptional, Above Average, Average, Below Average, Poor. Rows include Academic Qualities (Intellectual Ability, Communication, etc.) and Personal Qualities (Interpersonal Skills, Leadership, etc.).

Overall Evaluation: Compared to other students, I would rank this applicant in the top: __ 1% __ 5% __ 10% __ 25% __ 50%

Additional Comments: Please elaborate on your opinion of this student's qualifications for admission to Radford University (attach additional comments or write on the back of this form).