



Concordia  
UNIVERSITY · SAINT PAUL

Responsive. Relevant. Real.

**To the Student:**

The Family Rights and Privacy Act of 1974 provides that certain educational records may be open to the students at their request. The Act also provides that in the case of recommendations, the institution may request, but not require the student to waive his/her rights to read this confidential recommendation. Please indicate on the right whether or not you will waive your right to read the confidential recommendation on this form and sign your name.

**To the person completing this reference:**

This student has applied for admission to Concordia University, St. Paul. In order to better understand their qualifications, abilities, and character we are asking you to supply the information requested here. We appreciate your honest feedback.

**Submit the completed form to Concordia:**

**By Mail:**  
Concordia University, St. Paul  
Office of Admissions  
1282 Concordia Avenue  
St. Paul, MN 55104

**By Email:**  
admissions@csp.edu

# Letter of Recommendation

Please type or print in black or blue ink. All information is necessary to complete your file.

**SECTION 1: To be completed by student**

Student Name (please print) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

I do \_\_\_\_\_ I do not \_\_\_\_\_ waive my right to read this confidential recommendation.

Student Signature \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION 2: To be completed by an academic professional**

1. How long have you known this student? \_\_\_\_\_

2. What is your relationship to this student? \_\_\_\_\_

3. Please describe the student, paying special attention to the character, conduct, scholarship, achievement, leadership, cooperativeness, personality and other information you think might be helpful to us.

\_\_\_\_\_  
\_\_\_\_\_

4. Do you consider the student able to manage college work successfully? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. To what extent does the student participate in school, church and community activities?

\_\_\_\_\_  
\_\_\_\_\_

6. How well does the applicant get along with people?

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Print Name \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Please use back of sheet if additional space is needed.