

MEREDITH COLLEGE

PARALEGAL PROGRAM RECOMMENDATION FORM

NAME OF APPLICANT: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

NAME OF RECOMMENDER: _____

TO THE APPLICANT SUBMITTING THIS FORM: (SIGN ONE)

CONFIDENTIAL

The contents of this statement are to remain CONFIDENTIAL. I waive my rights to see this recommendation.

Name

Date

NOT CONFIDENTIAL

The contents of this statement are NOT CONFIDENTIAL. I wish to be able to review this recommendation.

Name

Date

TO THE INDIVIDUAL COMPLETING THIS FORM: We appreciate your answering the following questions in a specific, detailed and candid manner, noting in particular incidents which illustrate the candidate's maturity, intellect, capacity and initiative. Please complete both pages of this form.

When completed, please return this form directly to: Paralegal Program, Graduate and Professional Studies, Meredith College, 3800 Hillsborough Street, Raleigh, NC 27607-2898.

1. Please rate the applicant on the following:

	Excellent	Very Good	Good	Fair	Poor	Not App/ Unknown
Initiative						
Ability to work in teams						
Responsibility						
Attention to detail						
Writing ability						
Ability to work independently						

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

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

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

5. Would you recommend that this applicant be admitted into the Paralegal Program?

- Strongly recommend
- Recommend
- Recommend with some reservations
- Do not recommend

Signature _____ *Date* _____

Name: _____

Position/Title: _____

Organization: _____

Address: _____

Current telephone number: _____

Thank you for your time and consideration in filling out this form.